

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

ANNUAL STATISTICAL REPORT

CALENDAR YEAR 2000



MEDICAL CARE STATISTICS SECTION

GRAY DAVIS
GOVERNOR
STATE OF CALIFORNIA

GRANTLAND JOHNSON
SECRETARY
R.N., Dr. P.H.
CALIFORNIA HEALTH AND HUMAN
SERVICES AGENCY

DIANA M. BONTA,
DIRECTOR
DEPARTMENT
HEALTH

Gene Hiehle, Chief
Medical Care Statistics Section
Internet Homepage - <http://www.dhs.ca.gov/mcss>

Joseph Klun, Chief
Fiscal Forecasting and Data Management Branch

This report is for informational purposes only and does not purport to be, or attempt to give a legal interpretation of rules, regulations, and laws pertaining to the Medi-Cal Program.

This report was prepared by Mary Cline. Inquiries regarding this report should be directed to Mary Cline, Medical Care Statistics Section, 714 P Street, P.O. Box 942732, Sacramento, CA 94234-7320, or by calling (916) 657-2794.

The production of this report was made possible with the assistance of the following departmental staff:

Tables

Mary Cline

Editing

Gene Hiehle

Proofing

Raquel Azeltine - Tello

Nancy Robeson

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MEDI-CAL PROGRAM
CALENDAR YEAR 2000

This report presents statistical data on Medi-Cal program services, expenditures, and eligibles for Calendar Year 2000.

County Welfare Departments determine eligibility for all Medi-Cal eligibles with the exception of Supplemental Security Income/State Supplementary Payment (SSI/SSP) eligibles, who have their eligibility determined by the Social Security Administration.

Persons eligible for Medi-Cal are reported to the Medi-Cal Eligibility Data System (MEDS) by the County Welfare Departments, the State, and the Social Security Administration.

Payment data used in this report are based on the concept of month of payment rather than month of service. The difference can be best explained by pointing out that payments made in a given month can be for services rendered in one or more previous months.

It should be noted that expenditures in this report are based on paid claims computer tapes prepared by various entities that process Medi-Cal claims and do not represent official budget figures or accounting records. Audit recovery monies, Medicare premiums, refunds, and administrative expenses are not included in this report except when specifically noted.

This report does not account for drug rebates from contracts with manufacturers nor Disproportionate Share Hospital Payments.

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ANNUAL STATISTICAL REPORT
CALENDAR YEAR 2000
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NOTE ON DATA PRESENTATION

Generally, the data in this report include the Medi-Cal Fee-For-Service Program, Medi-Cal beneficiaries in State Hospitals, and Medi-Cal beneficiaries covered under a capitation contract with Delta Dental Service.

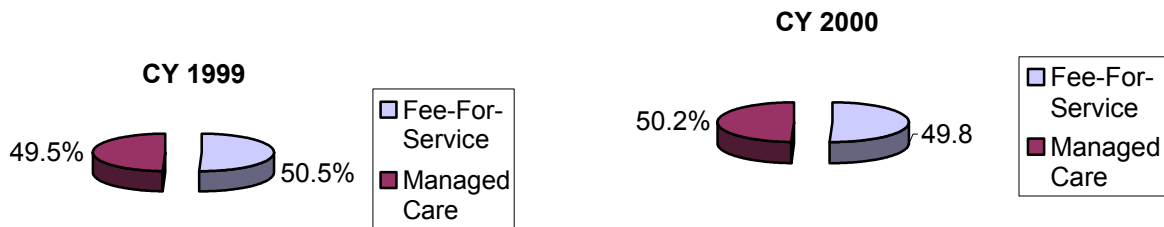
Data on Capitated Health Systems are excluded from a number of tables in this report. Capitated Health Systems receive a monthly capitation payment to provide services to enrollees, so cost figures for specific services are not available.

Capitated Health Systems data are included in Tables 1, 2, 14, 15, 17, 25, 26, 28, and 29.

The Fee-For-Service data for Primary Care Case Management Plan beneficiaries are included in this report.

During Calendar Year 2000, those enrolled in comprehensive managed care plans (County Organized Health Systems (COHS) and Health Care Plans (HCP) comprised 50.2 percent of the total Medi-Cal population (compared to 49.8 percent during Calendar Year 1999). As used here, “comprehensive plans” means those plans that are capitated to provide more than a limited range of services, including Two Plan Models and GMC. Plans that provide only dental or mental health, for example, are not comprehensive plans. PCCMs are not comprehensive plans.

Use of any expenditure data series for comparison of trends over time is infeasible since the advent of the managed care because of a sharp decline in service reporting among new managed care plans.



The Combined fee-for-service and managed care populations are included in Tables 1, 17, 25, 26, 28, and 29, which reports on the eligible population. The majority of the remaining tables include only fee-for-service data. Tables 14 and 15 include only those enrolled in comprehensive managed care plans.

MEDI-CAL PROGRAM STATISTICAL SUMMARY

CALENDAR YEAR 2000

In 2000, a total of 5.1 million persons per month were eligible for Medi-Cal. This includes Fee-For-Service, County Organized Health Systems, and Health Care Plans. This represents an increase of 4.6 percent from 1999.

A total of \$1.02 billion in prepaid capitations were received by County Organized Health Systems (an increase of 13.5 percent from 1999) to provide non-dental medical services for an average of 404,146 eligibles per month during 2000 (an increase of 7.4 percent from 1999).

The 2,158,642 persons enrolled in Health Care Plans (HCPs) each month reflected a 2.3 percent increase from 1999. HCP capitation payments totaled \$2.39 billion, which is an 8.4 percent increase from 1999.

The large increase in Capitated Health System eligibles is mainly due to Managed Care expansion. This increase to some extent contributed to the decrease in Public Assistance, Medically Needy, and Medically Indigent Fee-For-Service eligibles.

In the Fee-for-service system, there were 1.7 million persons who used Medi-Cal benefits each month in 2000. Provider payments for those users totaled \$11.2 billion, which was 7.9 percent or \$820.8 million more than in 1999.

Compared to 1999, Fee-For-Service Medi-Cal users increased 0.3 percent and the respective eligible population (2.55 million persons per month) reflected a 0.5 percent increase.

There were 0.3 percent more users per 1,000 Fee-For-Service eligibles in 2000. The utilization rate was 68.5 percent compared to 68.3 percent for 1999.

The average cost per user was \$535.00 per month (up 7.0 percent from 1999) and the average cost per Fee-For-Service eligible was \$366.50 per month (up 7.3 percent from 1999).

Public Assistance eligibles, excluding Capitated Health System eligibles, averaged 1.40 million persons per month, a decrease of 6.6 percent from 1999. This aid group accounted for 55.0 percent of the Fee-For-Service eligible population, 62.5 percent of the users, and 54.2 percent of total provider payments (\$11.20 billion).

Medically Needy Fee-For-Service eligibles averaged 661,256 persons per month in 2000, an increase of 51.6 percent from 1999. The increase is due to the expansion of 1931(b), which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increasing the 1931(b) income limit to 100% of poverty. Medically Needy accounted for 26 percent of Fee-For-Service eligibles, 21.3 percent of users, and 34.2 percent of total provider payments (\$3.83 billion).

Medically Indigent Fee-For-Service eligibles averaged 77,325 persons per month, a 26.3 percent decrease from 1999. Medically Indigent accounted for 3.0 percent of Fee-For-Service eligibles, 2.9 percent of users, and 2.0 percent of total provider payments (\$221.6 million).

County and community hospital services accounted for 24.2 percent of 2000 provider payments. County hospitals received \$597.5 million. Community hospitals received \$2.12 billion.

Medi-Cal purchased Medicare Part A and Part B Supplemental Medical Insurance for an average of 797,085 Aged and Disabled eligibles each month in 2000. Monthly premiums averaged \$38.6 million.

Section 1

HIGHLIGHTS OF 2000 PROGRAM CHANGES

The following discusses the major changes in Medi-Cal and related programs during Calendar Year 2000.

Expansion of 1931(b) to 100% of Poverty, March 2000

The 1999 Budget Act and AB 1107 expanded the 1931(b) Program by revising deprivation based on unemployment to include families with income below 100% of poverty and increasing the 1931(b) income limit to 100% of poverty.

Out-of-State Aid to the Adoption of Children (AAP), January 2000

SB 1270 (Chapter 887, Statutes of 1999) implements Section 473A of Title IV of the Social Security Act to provide Medi-Cal to children living in California who get aid to the Adoption of Children (AAP) payments from other states, without having to count the income of the adoptive parents.

EPSDT Audiology and Hearing Aid Services, March 2000

Federal Law covering the provision of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Audiology and Hearing Aid Services requires that these services not be restricted.

Pettit v. Bontá, April 2000

The court order in the case Pettit v. Bontá requires the Medi-Cal program to allow persons in licensed board and care residential facilities to apply incurred expenses for personal care services to their share of cost (SOC).

Working Disabled, April 2000

AB 155, signed by the Governor in 1999, establishes Medi-Cal eligibility for disabled persons who are employed. In order to be eligible they must have income below 250% of poverty and pay a monthly premium of \$20 to \$250, based on income.

Former Foster Children, October 2000

The Governor's budget and trailer bill include funding and language to implement Section 121 of Public Law 106-196, which allows states to continue Medicaid benefits to foster youth up to 21, even when they are no longer in foster care.

Reimbursement for Los Angeles County Outpatient, July 2000

Under the terms of the extension of the Los Angeles County Medicaid Demonstration Project, Los Angeles County outpatient sites and their private partner contract clinics will receive Federally Qualified Health Center (FQHC) like cost-based reimbursement for outpatient services rendered to Medi-Cal patients pending their application and approval of FQHC status. Los Angeles County has estimated that the increased cost of payment at the FQHC level will be approximately \$60,000,000 annually.

Sonography/Abortions, July 2000

The Department intends to allow reimbursement for sonography services prior to all surgical abortions: in the first-trimester to eliminate inadvertent second-trimester cases; in the second-trimester to reduce the incidence of uterine perforation and make the procedure a safer one; and to identify abnormal pregnancies.

Dental Services Changes, August 2000

The Budget Act of 2000 contains the following funding for Dental Services.

FY 2000-01	Total	GF
Dental Services rate increase of 6.8%:	\$35,306,000	\$17,653,000
Addition of two cleanings per year:	\$28,600,000	\$14,300,000
Addition of two basic exams per year:	\$16,400,000	\$ 8,200,000
	=====	=====
	\$80,306,000	\$40,153,000

Infliximab, February 2000

Effective February 1, 2000, the Department added the drug Infliximab to be used for patients with Crohn's Disease and Rheumatoid Arthritis when there is an inadequate response to conventional therapy. This drug will be administered in a physician's office and is under prior authorization.

Kidney/Pancreas Transplants, July 2000

The Department is adding combined Kidney/Pancreas transplants (Kt/Pt) to the scope of Medi-Cal benefits. Medi-Cal covered approximately 100 kidney transplants (Kt) in 1999. The Department estimates that 10% of these transplants will become Kt/Pt transplants. The Kt/Pt transplant is used to treat patients with kidney failure due primarily to diabetes. Combined Kt/Pt has been shown to protect against the affects of diabetes on the new kidney, thus improving the patient's chances of survival and quality of life.

HIV Drug Resistance Testing, October 2000

The Department has developed a policy to add HIV drug resistance testing as a benefit for all beneficiaries with HIV disease. The test will allow providers to determine the sensitivity of resistance of a patient's HIV infection to current anti-retroviral medications. The new drug will provide almost as much savings in reduced numbers of drugs employed and reduced costs of treating regimens that prove ineffective as the projected costs of the drug.

Sign Language Interpreters, November 2000

The Budget Act of 2000 provides \$488,000 to reimburse sign language interpreter services for deaf Medi-Cal patients served by small Medi-Cal providers. The Department implemented this program on October 2, 2000.

Screening for Childhood Lead Poisoning, October 2000

Beginning October 1, 2000, the Department filed regulations establishing a standard of care on screening for childhood lead poisoning with which physicians, nurse practitioners, and physician's assistants providing care to children between the ages of 12 through 72 months must comply. Adoption of these regulations is expected to increase the number of children receiving lead screening services.

Medi-Cal Family Planning Increases, January 2000

The Medi-Cal program was brought into conformity with Family PACT by increasing rates of reimbursement for vasectomies and adding fertility and family planning counseling services as Medi-Cal benefits.

Home Health Increase, August 2000

The Budget Act of 2000 contains the following rate increases for Home Health Services:

FY 2000-01:

	Increase	Total	GF
Home Health Care:	10%	\$ 2,860,000	\$ 1,430,000
Shift Nursing:	10%	\$16,846,000	\$ 8,423,000
		=====	=====
		\$ 19,706,000	\$ 9,853,000

Physician Services Increase, August 2000

The Budget Act of 2000 contains the following rate increases for Physician Services.

Physician Service:	Increase	Total	GF
FY 2000-01:			
Physician Services:	16.7%	\$190,630,000	\$95,315,000
CCS Physician Services:	39%	15,664,000	7,832,000
Comp. Physician Services:	11%	5,280,000	2,640,000
EPSTD Screening Services:	20%	6,640,000	3,320,000
Neonatal Intensive Care:	30%	10,740,000	5,370,000
		=====	=====
		\$228,954,000	\$114,477,000

Other Medical Services Increase, August 2000

The Governor's Budget contains the following rate increases for Other Medical Services and Other Services: This Policy Change includes funding for managed care services.

Other Medical Services:

	Increase	Amount	GF
Psychologists Services	30%	\$ 6,000,000	\$ 3,000,000
Physical/Occupational/ Speech Therapy/			
Audiology:	30%	5,400,000	2,700,000
Respiratory Care:	10%	120,000	60,000
Chiropractic Care:	130%	1,040,000	520,000
Mammograms:	54%	2,052,000	1,026,000
Lab Rate for Pap Smears:	53%	5,824,000	2,912,000

Other Services:

Breast Pumps:	250%	\$1,000,000	500,000
Milk Bank Providers:	20%	40,000	20,000
Blood Bank Services & Products:	70%	1,260,000	630,000
Wheelchair/Litter Van:	20%	9,200,000	4,600,000
Hearing Aids & Dispensing Fee:	100%	5,600,000	2,800,000
		=====	=====
		\$37,536,000	\$18,768,000

FY 2000-01 Anti-Fraud Expansion, July 2000

Based on additional funding provided in the Governor's Budget, the Department will significantly expand its Provider Anti-Fraud activities in FY 2000-01. A significant number of staff and funding for contracts have been added to Audits and Investigations Division, Payment Systems Division, Medi-Cal Fraud Prevention Bureau, the Office of Legal Services, Field Services, Medi-Cal Benefits Branch and the Managed Care Division to address provider fraud.

ICF Rate Adjustment, July 2000

The ICF rates will be adjusted, effective July 1, 2000, to bring reimbursement to ICF-DD facilities and ICF-DDN facilities with 7-15 beds up to the 65th percentile, to adjust the labor index, and take into account additional provider costs. The Department estimates this additional cost to be \$5,900,000 (\$2,980,000 GF). This is a one-time payment, which increases Medi-Cal reimbursements for ICF services to those specific providers (7-15 beds).

FY 2000-01 LTC Rate Adjustment, August 2000

For FY 2000-01 the LTC Rate Adjustment for Nursing Facilities and Intermediate Care Facilities is as follows:

<u>FY 2000-01</u>	<u>Adjustment</u>	<u>Total</u>	<u>General Fund</u>
Nursing Facilities	10.1	\$258,290,000	\$131,303,000
ICF-DDs	8.9	26,556,000	13,424,000
Managed Care	10.1	33,431,000	16,715,000
Adult Day Health Care	4.54	5,153,000	2,577,000
		=====	=====
		\$323,430,000	\$164,018,000

NOTES

For additional information about managed care, please refer to our new report entitled “2000 Managed Care Annual Statistical Report”, available on the Internet. The Internet Home Page for Medical Care Statistics is <http://www.dhs.ca.gov/mcss>.

SECTION 2
MEDI-CAL ELIGIBLES AND USER

MEDI-CAL ELIGIBLES, ALL PROGRAMS - TABLE 1A

Total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) averaged 5.1 million persons per month in 2000, an increase of 1.8 percent from 1999.

Enrollment of Medi-Cal eligibles in County Organized Health Systems (COHS) and Health Care Plans (HCPs) increased 3.1 percent in 2000, to a monthly average of 2,562,788 persons. For additional information, See Section 5, Medi-Cal Capitated Health Systems, Page 42.

Fee-For-Service (FFS) Medi-Cal eligibles averaged 2.5 million persons per month, an increase of 0.5 percent from 1999.

Public Assistance (PA) eligibles averaging 1.4 million persons per month in 2000, a decrease of 6.6 percent from 1999. PA eligibles accounted for 55.0 percent of all FFS eligibles.

Total Medically Needy (MN) eligibles, including 1931(b) eligibles, averaged 661,256 persons monthly and increased 51.6 percent from 1999. MN eligibles accounted for 26.0 percent of all FFS eligibles.

Total Medically Indigent (MI) eligibles averaged 77,325 persons monthly and decreased 26.3 percent from 1999. MI eligibles accounted for 3.0 percent of all FFS eligibles.

The MI/MN Not Qualified Aliens formerly (OBRA) program averaged 154,228 eligibles per month in 2000, a decrease of 23.3 percent from 1999. MI/MN Aliens program eligibles accounted for 6.1 percent of all FFS eligibles.

The Refugee/Entrant programs averaged 1,261 persons monthly, an increase of 6.0 percent from 1999. Refugee/Entrant program eligibles accounted for less than 0.1 percent of all FFS eligibles.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard Poverty program averaged 236,291 persons monthly, or 9.3 percent of all FFS eligibles.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The remaining programs (60-Day Postpartum, Dialysis, Total Parenteral Nutrition, Qualified Medicare Beneficiary, Medi-Cal Tuberculosis, and Minor Consent) averaged 16,826 persons per month, a decrease of less than 0.1 percent from 1999. These programs accounted for 0.7 percent of all FFS eligibles.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. Eligibles, who are not otherwise eligible for Medi-Cal, averaged 1,103,901 per month during CY 2000.

TABLE 1A

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1999 AND 2000
(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1999	CALENDAR YEAR 2000	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	5,020,390	5,110,057	89,667	1.8
County Organized Health Systems (COHS)	376,429	404,146	27,717	7.4
Health Care Plans (HCPs)	2,110,038	2,158,642	48,604	2.3
Fee-For-Service (FFS)/1/	2,533,923	2,547,269	13,346	0.5
Public Assistance	1,498,638	1,400,077	(98,561)	(6.6)
Aged	322,340	323,353	1,013	0.3
Blind	22,224	21,920	(304)	(1.4)
Disabled	623,962	630,712	6,750	1.1
Families	530,112	424,092	(106,020)	(20.0)
Medically Needy	436,328	661,256	224,928	51.6
Aged	101,463	103,438	1,975	1.9
Blind	679	707	28	4.1
Disabled	51,419	51,600	181	0.4
Families	282,767	505,510	222,743	78.8
Medically Indigent	104,918	77,325	(27,593)	(26.3)
Adults	8,110	5,875	(2,235)	(27.6)
Children	96,808	71,449	(25,359)	(26.2)
MI/MN Not Qualified Aliens	201,020	154,228	(46,792)	(23.3)
Refugee/Entrant	1,190	1,261	71	6.0
100 Percent Poverty	75,620	64,704	(10,916)	(14.4)
133 Percent Poverty	95,907	70,662	(25,245)	(26.3)
Income Disregard	103,471	100,925	(2,546)	(2.5)
60-Day Postpartum	1,315	1,154	(161)	(12.2)
Dialysis	41	41	0	0.0
Total Parenteral Nutrition	8	5	(3)	(37.5)
Qualified Medicare Beneficiary	5,502	5,983	481	8.7
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	536	505	(31)	(5.8)
Minor Consent	9,426	9,138	(288)	(3.1)
Family PACT	INA	1,103,901	1,103,901	100.0

INA Information Not Available.

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver.

The men and women who receive Family PACT services are not eligible for Medi-Cal. Family PACT data is limited to Tables 1 and 2 of this report.

The 185 and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Years 1999 and 2000; and Tables 14A, 15, and 18.

AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE AND MANAGED CARE TYPE – [TABLE 1B](#)

Table 1B shows the average monthly eligibles by Fee-For-Service and Managed Care type.

You will see a separate count of eligibles for Fee-For-Service (FFS), County Organized Health Systems (COHS), Two-Plan/GMC and Other Managed Care Plans by Program and Aid Category.

Total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, Two-Plan/GMC and Other Managed Care Plans) averaged 5.1 million persons per month in calendar year 2000.

In Fee-For-Service (FFS) and Managed Care, the Public Assistance category was the largest. It comprised 55 percent of the FFS population; 56.8 percent of the COHS; 67.3 percent of the Two-Plan/GMC, and 82.8 percent of Other Managed Care.

TABLE 1B

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE and MANAGED CARE TYPE
CALENDAR YEAR 2000

PROGRAM AND AID CATEGORY	Fee-For-Service (FFS)		Managed Care Type					
	Average Monthly Count	Percent of Total	COHS		Two-Plan/GMC		Other Managed Care Plans*	
			Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total
TOTAL (Excluding Family PACT)	2,547,269	100.0%	405,425	100.0%	2,119,400	100.0%	5,574	100.0%
Public Assistance	1,400,077	55.0%	230,161	56.8%	1,426,102	67.3%	4,616	82.8%
Aged	323,353	12.8%	41,163	10.2%	7,131	0.3%	1,676	30.1%
Blind	21,920	0.9%	2,442	0.6%	1,380	0.1%	72	1.3%
Disabled	630,712	24.8%	65,032	16.0%	70,003	3.3%	1,457	26.1%
Families	424,092	16.6%	121,524	30.0%	1,347,589	63.6%	1,411	25.3%
Medically Needy	661,256	25.9%	126,902	31.3%	568,576	26.8%	937	16.8%
Aged	103,438	4.1%	15,165	3.7%	1,599	0.1%	382	6.9%
Blind	707	0.0%	101	0.0%	24	0.0%	0	0.0%
Disabled	51,600	2.0%	6,764	1.7%	2,104	0.1%	75	1.4%
Families	505,510	19.7%	104,871	25.9%	564,848	26.7%	479	8.6%
Medically Indigent	77,325	3.1%	17,833	4.4%	76,785	3.6%	14	0.2%
Adults	5,875	0.2%	849	0.2%	839	0.0%	0	0.0%
Children	71,449	2.8%	16,985	4.2%	75,946	3.6%	13	0.2%
MI/MN Not Qualified Aliens	154,228	6.1%	3,283	0.8%	21	0.0%	0	0.0%
Refugee/Entrant	1,261	0.1%	159	0.0%	778	0.0%	0	0.0%
100 Percent Poverty	64,704	2.5%	6,204	1.5%	16,847	0.8%	1	0.0%
133 Percent Poverty	70,662	2.8%	12,218	3.0%	23,373	1.1%	1	0.0%
Income Disregard	100,925	4.0%	8,608	2.1%	6,918	0.3%	0	0.0%
60-Day Postpartum	1,154	0.0%	0	0.0%	0	0.0%	0	0.0%
Dialysis	41	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Parenteral Nutrition	5	0.0%	0	0.0%	0	0.0%	0	0.0%
Qualified Medicare Beneficiary	5,983	0.2%	55	0.0%	0	0.0%	0	0.0%
Presumptive Eligibility Pregnant Women	INA	0.0%	0	0.0%	0	0.0%	0	0.0%
Medi-Cal Tuberculosis Program	505	0.0%	1	0.0%	0	0.0%	0	0.0%
Minor Consent	9,138	0.4%	0	0.0%	0	0.0%	6	0.1%
Family PACT	1,103,901	0.0%	0	0.0%	0	0.0%	0	0.0%

* "Other Managed Care Plans" include prepaid health plans, primary care case management, and special projects. FFS-Managed Care Case Management plans are not represented in this table

Note: Figures are rounded independently and may not add to totals

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver

The men and women who receive Family PACT services

are not eligible for Medi-Cal. Family PACT data is limited to Tables 1 and 2 of this report

The 185 Percent and 200 Percent Poverty programs have merged and are now called Income Disregard

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles

MEDI-CAL ELIGIBLES BY AGE AND ETHNICITY - [TABLE 1C](#)

Table 1C shows the total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) by age and race/ethnicity in October 2000.

Of the 5,070,823 persons certified eligible, 2,093,996 were Hispanic; 1,348,646 were White; 669,082 were Black; 387,436 were Asian/Pacific Islander; 19,497 were American Indian/Alaskan Native; and 552,166 were Not Reported race/ethnicities.

TABLE 1C

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY AGE AND RACE/ETHNICITY
Oct-00
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY											
		AM INDIAN/ ALASKAN NATIVE		ASIAN PACIFIC ISLANDER		BLACK		HISPANIC		WHITE		NOT REPORTED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	5,070,823	19,497	0.4	387,436	7.6	669,082	13.2	2,093,996	41.3	1,348,646	26.6	552,166	10.9
Under 1	187,152	679	0.4	11,828	6.3	17,887	9.6	123,684	66.1	30,253	16.2	2,821	1.5
1-5	785,123	3,581	0.5	47,686	6.1	101,040	12.9	470,930	60.0	144,279	18.4	17,607	2.2
6-10	731,011	3,419	0.5	55,350	7.6	110,885	15.2	390,824	53.5	152,842	20.9	17,691	2.4
1-15	571,436	3,309	0.6	59,450	10.4	94,336	16.5	258,456	45.2	140,119	24.5	15,766	2.8
16-20	425,936	2,083	0.5	52,269	12.3	62,197	14.6	189,172	44.4	98,633	23.2	21,582	5.1
21-30	519,453	2,300	0.4	23,954	4.6	73,740	14.2	269,419	51.9	124,522	24.0	25,518	4.9
31-40	514,433	2,015	0.4	35,389	6.9	72,028	14.0	211,668	41.1	158,310	30.8	35,023	6.8
41-50	370,488	1,047	0.3	36,184	9.8	53,268	14.4	95,527	25.8	133,552	36.0	50,910	13.7
51-55	121,589	210	0.2	9,943	8.2	15,768	13.0	20,054	16.5	46,525	38.3	29,089	23.9
56-64	182,790	198	0.1	7,382	4.0	22,423	12.3	16,666	9.1	72,036	39.4	64,085	35.1
65 and over	661,412	656	0.1	48,001	7.3	45,510	6.9	47,596	7.2	247,575	37.4	272,074	41.1

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 03/24/2001.

TOTAL ANNUAL PAYMENTS - TABLE 2

This is a companion to Table 1, showing payments by type of program. In this table, you will see Total Annual Medi-Cal payments, then a separate count of payments for County Organized Health Systems (COHS) and Health Care Plans (HCPs), followed by Fee-For-Service (FFS) by Program and Aid Category for 1999 and 2000.

Total Annual Medi-Cal payments (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) averaged \$14.61 billion in 2000, an increase of 8.4 percent from 1999.

The County Organized Health System estimated capitation payments were \$1.02 billion in 2000, a 13.5 percent increase from 1999.

Health Care Plan capitation payments were \$2.39 billion in 2000, compared to \$2.2 billion in 1999, an increase of 8.4 percent.

Capitated Health System payments (COHS and HCPs) are not included in the FFS breakdown.

Total Annual Medi-Cal FFS payments were \$11.20 billion in 2000, an increase of 7.9 percent from 1999.

Payments for persons in the Public Assistance (PA) group were \$6.08 billion, an increase of 6.6 percent from the \$5.70 billion in 1999. PA payments accounted for 54.2 percent of all FFS payments.

Nearly \$4 billion was paid for services provided to the Medically Needy (MN), up 16.7 percent from 1999. MN payments accounted for 34.2 percent of all FFS payments.

Total Medically Indigent (MI) payments were \$222 million, down 20.4 percent from the \$278 million in 1999. MI payments accounted for 2.0 percent of all FFS payments.

The Immigration Reform and Control Act (IRCA) Aliens program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

The MI/MN Not Qualified Aliens program payments were \$385 million, down 20.2 percent from the \$483 million the previous year. The MI/MN Not Qualified Aliens program payments accounted for 3.4 percent of all FFS payments.

Payments for the Refugee/Entrant programs were \$4.6 million, down 13.4 percent from the \$5 million in 1999. Refugee/Entrant program payments accounted for less than 0.1 percent of all FFS payments.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program accounted for \$468.9 million, a 7.4 percent increase from the \$436.8 million in 1999. These programs accounted for 4.2 percent of all FFS payments.

Total payments for the remaining groups (excluding Not Reported) were \$11.5 million in 2000, down 92.6 percent from the \$155.0 million in 1999. These payments accounted for 1.0 percent of all FFS payments.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. Expenditures during CY 2000 totaled \$254,115,339.

TABLE 2

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1999 AND 2000

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1999	CALENDAR YEAR 2000	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	\$13,481,729,510	\$14,609,804,474	\$1,128,074,964	8.4
County Organized Health Systems (COHS)	\$899,162,222	\$1,020,868,545	\$121,706,323	13.5
Health Care Plans (HCPs)	\$2,200,332,163	\$2,385,895,397	\$185,563,234	8.4
Fee-For-Service (FFS)/1/	\$10,382,235,125	\$11,203,040,532	\$820,805,407	7.9
Public Assistance	5,700,102,662	6,075,117,364	375,014,702	6.6
Aged	997,434,936	1,120,696,967	123,262,031	12.4
Blind	135,990,471	149,082,455	13,091,984	9.6
Disabled	3,571,146,495	3,951,425,084	380,278,589	10.6
Families	995,530,760	853,912,858	(141,617,902)	(14.2)
Medically Needy	3,283,563,999	3,833,026,214	549,462,215	16.7
Aged	1,541,712,201	1,690,777,986	149,065,785	9.7
Blind	13,406,124	15,218,207	1,812,083	13.5
Disabled	1,123,039,931	1,235,474,421	112,434,490	10.0
Families	605,405,743	891,555,600	286,149,857	47.3
Medically Indigent	278,206,577	221,587,482	(56,619,095)	(20.4)
Adults	73,855,399	61,744,441	(12,110,958)	(16.4)
Children	204,351,178	159,843,041	(44,508,137)	(21.8)
IRCA Aliens	124,830	0	(124,830)	(100.0)
MI/MN Not Qualified Aliens	482,900,950	385,299,554	(97,601,396)	(20.2)
Refugee/Entrant	5,331,437	4,614,787	(716,650)	(13.4)
100 Percent Poverty	42,790,641	41,504,124	(1,286,517)	(3.0)
133 Percent Poverty	56,833,066	48,650,694	(8,182,372)	(14.4)
Income Disregard	336,576,185	378,759,103	42,182,918	12.5
60-Day Postpartum	2,665,763	3,213,682	547,919	20.6
Dialysis	211,984	247,461	35,477	16.7
Total Parenteral Nutrition	17,018	3,841	(13,177)	(77.4)
Qualified Medicare Beneficiary	16,823,400	7,898,480	(8,924,920)	(53.1)
Presumptive Eligibility for Pregnant Women	87,157,379	101,676,163	14,518,784	16.7
Medi-Cal Tuberculosis Program	351,487	426,862	75,375	21.4
Minor Consent	47,753,116	49,367,093	1,613,977	3.4
Not Reported	40,234,943	51,465,700	11,230,757	27.9
Family PACT	INA	254,115,339	254,115,339	INA

INA Information Not Available.

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999, because claims continue to be paid due to the lag from time of service to time of payment.

Payments are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive Family PACT services are not eligible for Medi-Cal. Family PACT data is limited to Tables 1 and 2 of this report.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report; Prepaid Health Plan Capitation Summaries; and Rate Sheet for Managed Care Plans.

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) ELIGIBLES - [TABLE 3](#)

An average of 2,547,269 persons were eligible each month for Medi-Cal fee-for-service benefits during 2000. Average monthly eligibles in the first half of the year ran about 12,638 or 0.5 percent higher than in the last half.

The Public Assistance (PA) program accounted for 55.0 percent of the total annual average eligibles. The PA eligibles averaged 12,638 more persons in the first half of the year than in the last half.

The Medically Needy (MN) program accounted for 26.0 percent of the total annual average eligibles. The average MN eligibles ran 153,992 persons higher in the last half of the year than in the first half.

The Medically Indigent (MI) program accounted for 3 percent of the total annual average eligibles. Eligible counts in the MI program peaked in February. The average MI eligible count was higher in the first half of the year than in the last half.

The Aliens and Refugee/Entrant programs combined accounted for 6 percent of the eligible population.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program combined accounted for 10.3 percent of the eligible population.

The 60-Day Postpartum program accounted for less than 0.1 percent of the eligible population.

The Qualified Medicare Beneficiary program accounted for 0.2 percent of the eligible population.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The Medi-Cal Tuberculosis program, Minor Consent, and All Other groups combined accounted for 0.4 percent of the eligible population.

Table 3

MEDI-CAL PROGRAM
MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEAR 2000

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 2000	2,547,269	1,400,077	661,256	77,325	154,228	1,261	64,704	95,907
Six-Month Average	2,553,588	1,416,717	584,260	87,094	175,228	1,070	78,639	95,524
January	2,506,197	1,422,066	492,331	96,517	193,774	1,050	81,785	94,509
February	2,537,204	1,427,900	514,866	96,639	195,195	1,063	84,253	94,583
March	2,576,584	1,428,973	570,743	92,275	184,624	1,099	83,273	96,450
April	2,559,594	1,413,333	604,843	84,664	169,514	1,062	78,297	94,989
May	2,569,827	1,407,011	645,341	78,777	158,685	1,055	74,594	95,845
June	2,572,123	1,401,018	677,438	73,694	149,573	1,088	69,634	96,768
Six-Month Average	2,540,950	1,384,436	738,252	67,555	133,228	1,452	50,769	96,291
July	2,572,049	1,395,520	704,057	70,316	142,495	1,158	65,369	97,880
August	2,576,812	1,392,311	725,361	68,713	136,367	1,303	62,384	97,430
September	2,540,544	1,384,128	736,718	67,048	130,342	1,474	51,349	97,426
October	2,540,082	1,382,543	748,526	67,827	127,795	1,581	48,392	96,751
November	2,511,503	1,375,952	754,273	65,828	125,315	1,596	41,109	95,766
December	2,504,710	1,370,164	760,579	65,599	137,055	1,602	36,010	92,491
MONTH	QMB	INCOME DISREGARD	60-DAY POST-PARTUM	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	ALL OTHER/1/	
Annual Average 2000	5,983	100,925	1,154	INA	505	9,138	46	
Six-Month Average	5,323	98,929	1,398	INA	532	9,844	45	
January	5,090	97,034	1,355	INA	515	10,205	41	
February	5,331	97,028	1,374	INA	505	10,037	41	
March	5,281	98,742	1,362	INA	521	10,142	43	
April	5,375	98,691	1,486	INA	536	9,816	47	
May	5,433	99,911	1,437	INA	552	9,498	47	
June	5,426	102,167	1,376	INA	561	9,365	51	
Six-Month Average	5,682	108,013	1,231	INA	541	9,009	53	
July	5,523	104,494	1,373	INA	557	9,090	53	
August	5,550	107,059	1,188	INA	552	9,068	55	
September	5,640	108,754	1,150	INA	550	9,099	55	
October	5,699	109,993	1,171	INA	528	9,088	53	
November	5,798	109,480	1,279	INA	533	8,912	48	
December	5,879	108,295	1,223	INA	527	8,796	53	

INA Information Not Available.

/1/ Other includes Dialysis and Total Parenteral Nutrition.

Note: MI/MN = Medically Indigent/Medically Needy

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year 2000.

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) USERS - TABLE 4

An average of 1,745,029 persons received Medi-Cal program benefits each month in 2000. Monthly users averaged 61,102 more persons in the first half of the year than in the last half.

A monthly utilization rate can be computed from Tables 3 and 4. The utilization rate for the Total Fee-For-Service Program is 68.5 percent of eligibles receiving service each month.

The Public Assistance (PA) group, which accounted for 63 percent of the total annual average Medi-Cal users, had a utilization rate of 78 percent. There were an average of 49,756 more PA users in the first half of the year.

The Medically Needy (MN) group, which accounted for 21 percent of the total annual average users, had a utilization rate of 56 percent. There were an average of 49,438 fewer MN users in the first half of the year.

The Medically Indigent (MI) group, which accounted for 3 percent of the total annual average users, had a utilization rate of 65 percent. These users averaged 17,644 more MI users in the first half of the year.

The Aliens and Refugee/Entrant groups accounted for 3 percent of the total annual average users.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard combined accounted for 7 percent of the total annual average users.

The 60-Day Postpartum, Qualified Medicare Beneficiary, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, and All Other groups combined accounted for 4.6 percent of the total annual users.

Table 4

MEDI-CAL PROGRAM
MONTHLY USERS BY PROGRAM
CALENDAR YEAR 2000

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY
Annual Average 2000	1,745,029	1,090,455	371,789	50,185	2	42,559	1,236	22,642
Six-Month Average	1,775,580	1,115,333	347,070	59,007	2	48,130	1,197	26,520
January	1,635,045	1,035,682	304,693	55,957	1	45,797	1,125	23,752
February	1,714,888	1,082,550	320,259	58,410	2	49,467	1,155	24,789
March	1,929,555	1,207,807	369,401	68,132	2	53,160	1,320	30,665
April	1,737,188	1,091,466	337,610	58,137	3	48,574	1,172	26,649
May	1,701,645	1,071,831	342,505	52,996	3	45,163	1,074	24,240
June	1,935,159	1,202,659	407,951	60,412	1	46,619	1,335	29,023
Six-Month Average	1,714,478	1,065,577	396,508	41,363	2	36,988	1,275	18,764
July	1,633,203	1,021,486	354,190	43,493	3	38,975	1,113	19,712
August	1,840,372	1,129,912	412,043	50,248	1	44,064	1,275	23,965
September	1,657,329	1,035,603	378,091	40,759	2	34,599	1,174	18,877
October	1,658,374	1,032,701	386,712	37,979	1	34,380	1,180	17,065
November	1,800,446	1,116,516	432,149	40,496	2	36,109	1,472	17,830
December	1,697,144	1,057,241	415,865	35,201	1	33,802	1,435	15,137
MONTH	133 PERCENT POVERTY	INCOME DISREGARD	60-DAY POST-PARTUM	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	ALL OTHER/1/
Annual Average 2000	31,681	60,759	1,089	4,840	55,378	161	7,379	4,876
Six- Month Average	38,391	64,071	1,147	5,727	56,346	154	7,561	4,927
January	38,939	61,796	957	4,986	50,086	128	6,747	4,399
February	40,341	64,268	1,090	7,209	53,606	126	7,161	4,455
March	44,397	70,240	1,330	6,706	61,142	144	8,023	7,086
April	36,352	62,011	1,146	6,033	56,020	148	7,417	4,450
May	33,261	59,404	1,101	4,953	53,308	161	7,434	4,211
June	37,058	66,703	1,255	4,473	63,911	216	8,583	4,960
Six-Month Average	24,971	57,448	1,031	3,953	54,410	168	7,197	4,825
July	28,827	57,178	898	3,790	52,794	204	6,419	4,121
August	32,114	65,172	1,166	5,018	61,322	172	8,516	5,384
September	25,763	55,830	930	4,082	50,325	142	7,006	4,146
October	22,444	55,953	1,047	3,820	53,020	161	7,047	4,864
November	22,859	58,518	1,108	3,976	56,693	158	7,429	5,131
December	17,819	52,034	1,038	3,029	52,305	171	6,765	5,301

/1/ Other includes Dialysis, Total Parenteral Nutrition, and Not Reported.

Note: IRCA = Immigration Reform and Control Act; MI/MN = Medically Indigent/Medically Needy.

The IRCA program expired December 31, 1994. IRCA is shown for 2000 because claims continue to be paid due to the lag from time of service to time of payment.

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Report (Monthly - Control Totals) and Calendar Year Report.

FEE-FOR-SERVICE (FFS) MEDI-CAL UTILIZATION - TABLE 5

An average of 1,745,029 persons received Medi-Cal program benefits each month in 2000. There were 14,261 more monthly users than in 1999.

The total number of users per 1,000 (FFS) eligibles increased 0.3 percent, 683 in 1999 to 685 in 2000. The total number of users include the Presumptive Eligibility for Pregnant Women program; however, eligibles are not available. If these users are excluded, the overall utilization rate calculates to be 663 per 1,000 (FFS) eligibles in 2000.

In 2000, the Public Assistance group, which accounted for 62.5 percent of total users, had a utilization rate of 78 percent. The Medically Needy group accounted for 21.3 percent of the total users.

The 2000 rates compared to the 1999 rates ran higher for each group except for the Public Assistance, Medically Indigent, IRCA Aliens, MI/MN Not Qualified Aliens, Refugee/Entrant, 133 Percent Poverty, 200 Percent Poverty, Total Parenteral Nutrition, QMB, Minor Consent and Not Reported group.

Calendar Year 2000 data do not include users of health care services provided by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 5
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS AND USERS PER 1,000 ELIGIBLES
BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1999 AND 2000
(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1999	CALENDAR YEAR 2000	USERS PER 1,000 ELIGIBLES		PERCENT CHANGE IN RATE
			1999	2000	
TOTAL	1,730,768	1,745,029	683	685	0.3
Public Assistance	1,115,953	1,090,455	745	779	4.6
Aged	219,319	224,831	680	695	2.2
Blind	16,091	16,211	724	740	2.2
Disabled	464,591	483,679	745	767	3.0
Families	415,952	365,734	785	862	9.8
Medically Needy	298,768	371,789	685	562	(18.0)
Aged	84,732	86,496	835	836	0.1
Blind	610	649	898	918	2.2
Disabled	47,379	48,608	921	942	2.3
Families	166,047	236,036	587	467	(20.4)
Medically Indigent	63,363	50,185	604	649	7.5
Adults	8,139	6,491	1,004	1,105	10.1
Children	55,224	43,694	570	612	7.4
IRCA Aliens	1	0	NA	NA	NA
MI/MN Not Qualified Aliens	57,358	42,559	285	276	(3.2)
Refugee/Entrant	1,368	1,236	1,150	980	NA
100 Percent Poverty	22,233	22,642	294	350	19.0
133 Percent Poverty	40,332	31,681	421	448	6.4
Income Disregard	58,409	60,759	569	604	6.2
Infant	21,020	19,488	535	554	3.6
Pregnant Woman	37,389	41,271	590	630	6.8
60-Day Postpartum	993	1,089	755	944	25.0
Dialysis	23	27	561	659	NA
Total Parenteral Nutrition	3	2	375	400	NA
Qualified Medicare Beneficiary	8,016	4,840	1,457	809	(44.5)
Presumptive Eligibility for Pregnant Women	50,362	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	148	161	276	319	15.6
Minor Consent	7,602	7,379	806	808	0.2
Not Reported	5,839	4,847	NA	NA	NA

INA Information Not Available.

NA Not Applicable.

Claims processing time lags can distort utilization rates, especially for smaller groups of eligibles or groups whose numbers change considerably.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from service to time of payment.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports and Medi-Cal Certified CID Eligibles Calendar Year Reports.

SECTION 3
MEDI-CAL EXPENDITURES

FEE-FOR-SERVICE (FFS) PAYMENT PER ELIGIBLE
BY PROGRAM AND AID CATEGORY - TABLE 6

The average monthly payment per eligible was \$366.50 in 2000. This represents an increase of \$25.06 per eligible or 7.3 percent over the prior year. Payments include the Presumptive Eligibility for Pregnant Women program; however, eligibles are not available. If these payments are excluded, the overall cost per eligible would be \$338.58.

Relative cost increases exceeding the overall 7.3 percent were experienced by the Public Assistance Aged (up 12.0 percent); Blind (up 11.1 percent); Disabled (up 9.5 percent); Medically Needy Aged (up 7.6 percent); Blind (up 9.0 percent); Disabled (up 9.6 percent); Medically Indigent Adults (up 15.4 percent); 100 Percent Poverty (up 13.3 percent); 133 Percent Poverty (up 16.2 percent); Income Disregard (up 53.5 percent); 60-Day Postpartum (up 37.4 percent); Dialysis (up 16.7 percent) and Medi-Cal Tuberculosis Program (up 28.9 percent).

Public Assistance Families, which is a major expenditure group, had a relatively small increase in cost per eligible, up 7.2 percent to \$167.80 per month in 2000.

Calendar Year 2000 data do not include payments for health care services handled by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 6

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER ELIGIBLE BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1999 AND 2000
(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1999	CALENDAR YEAR 2000	CHANGE	
			Number	Percent
TOTAL	\$341.44	\$366.50	25.06	7.3
Public Assistance	316.96	362.00	45.04	14.2
Aged	257.86	288.82	30.96	12.0
Blind	509.92	566.77	56.85	11.1
Disabled	476.94	522.09	45.15	9.5
Families	156.50	167.80	11.30	7.2
Medically Needy	627.12	483.05	(144.07)	(23.0)
Aged	1,266.23	1,362.15	95.92	7.6
Blind	1,645.33	1,794.00	148.67	9.0
Disabled	1,820.08	1,995.28	175.20	9.6
Families	178.42	147.00	(31.42)	(17.6)
Medically Indigent	220.97	238.81	17.84	8.1
Adults	758.89	875.81	116.92	15.4
Children	175.91	186.43	10.52	6.0
IRCA Aliens	10,403.00	0.00	(10,403.00)	(100.0)
MI/MN Not Qualified Aliens	200.19	208.19	8.00	4.0
Refugee/Entrant	373.35	304.97	(68.38)	(18.3)
100 Percent Poverty	47.16	53.45	6.29	13.3
133 Percent Poverty	49.38	57.37	7.99	16.2
Income Disregard	332.89	396.18	63.29	19.0
Infant	181.59	529.47	347.88	191.6
Pregnant Woman	416.88	467.60	50.72	12.2
60-Day Postpartum	168.93	232.07	63.14	37.4
Dialysis	430.85	502.98	72.13	16.7
Total Parenteral Nutrition	177.27	64.02	(113.25)	(63.9)
Qualified Medicare Beneficiary	254.81	110.01	(144.80)	(56.8)
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Minor Consent	422.18	450.20	28.02	6.6
Medi-Cal Tuberculosis Program	54.65	70.44	15.79	28.9

INA Information Not Available.

Note: FFS = Fee-For-Service; IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999 because claims continue to be paid due to the lag from time of service to time of payment.

Figures are rounded independently and may not add to totals.

A large retroactive adjustment that was made on hospital inpatient crossover claims in 1999 is not included in this data because the magnitude of the adjustment would skew the user and expenditure data.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) PAYMENT PER USER
BY PROGRAM AND AID CATEGORY - TABLE 7

During 2000, the Medi-Cal program spent \$535.00 per month per user of service. This was \$35.11 or 7.0 percent more than in 1999.

The lowest monthly cost group was the 133 Percent Poverty beneficiary at \$127.97 per user, followed by the Qualified Medicare Beneficiary at \$136.00 per user.

Medi-Cal payments for Public Assistance, Aged, Blind, Disabled, and Families showed increases from the previous year.

Costs per user in the MN Aged, Blind, and Disabled groups tend to be rather large. This is because a large number of persons in these groups are in a long-term care facility. The cost per Medically Needy user runs almost three times that of Public Assistance users.

Cost per user for Medically Indigent Adults increased from the previous year, but costs for children went down.

The MI/MN Not Qualified Aliens, 133 Percent Poverty, Income Disregard, 60-Day Postpartum, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent and Not Reported showed increases.

The Refugee/Entrant, 100 Percent Poverty, Dialysis, Total Parenteral Nutrition, and Qualified Medicare Beneficiary program all showed decreases in the cost per user.

TABLE 7

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER USER BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 1999 AND 2000

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 1999	CALENDAR YEAR 2000	CHANGE	
			Number	Percent
TOTAL	\$499.89	\$535.00	35.11	7.0
Public Assistance	425.65	464.26	38.61	9.1
Aged	378.99	415.38	36.39	9.6
Blind	704.28	766.36	62.08	8.8
Disabled	640.55	680.80	40.25	6.3
Families	199.45	194.57	(4.88)	(2.4)
Medically Needy	915.86	859.14	(56.72)	(6.2)
Aged	1,516.26	1,628.96	112.70	7.4
Blind	1,831.44	1,954.06	122.62	6.7
Disabled	1,975.28	2,118.09	142.81	7.2
Families	303.83	314.77	10.94	3.6
Medically Indigent	365.89	367.95	2.06	0.6
Adults	756.19	792.69	36.50	4.8
Children	308.37	304.85	(3.52)	(1.1)
IRCA Aliens	10,403.00	0.00	(10,403.00)	(100.0)
MI/MN Not Qualified Aliens	701.59	754.44	52.85	7.5
Refugee/Entrant	324.77	311.14	(13.63)	(4.2)
100 Percent Poverty	160.39	152.75	(7.64)	(4.8)
133 Percent Poverty	117.43	127.97	10.54	9.0
Income Disregard	916.01	1,149.69	233.68	25.5
Infant	351.34	661.54	310.20	88.3
Pregnant Woman	1,147.82	1,334.62	186.80	16.3
60-Day Postpartum	223.71	245.92	22.21	9.9
Dialysis	768.04	763.78	(4.26)	(0.6)
Total Parenteral Nutrition	472.72	160.04	(312.68)	(66.1)
Qualified Medicare Beneficiary	174.89	136.00	(38.89)	(22.2)
Presumptive Eligibility for Pregnant Women	144.22	153.00	8.78	6.1
Medi-Cal Tuberculosis Program	197.91	220.94	23.03	11.6
Minor Consent	523.47	557.52	34.05	6.5
Not Reported	574.23	884.84	310.61	54.1

Note: IRCA = Immigration Reform and Control Act; OBRA = Omnibus Budget Reconciliation Act.

The IRCA program expired December 31, 1994. IRCA is shown for 1999

because claims continue to be paid due to the lag from time of service to time of payment.

A large retroactive adjustment that was made on hospital inpatient crossover claims in 1999 is not included in this data because the magnitude of the adjustment would skew the user and expenditure data.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) COST PER SERVICE - TABLE 8

The most frequently used physician service is, of course, the outpatient visit. In 2000, the Medi-Cal average cost per physician outpatient visit was \$24.44. Outpatient visits include office, emergency room, home, and other outpatient situations.

Physicians' hospital inpatient visits averaged \$48.25 per visit. Visits for long-term care inpatients averaged \$29.66 per visit.

After outpatient visits, the second largest expenditure category of physician services is for inpatient hospital surgery. This service has the highest cost rate, \$477.37 per service in 2000.

The average cost per drug prescription was \$59.14 in 2000, an increase of 18.2 percent from the prior year.

The highest cost per service in the Medi-Cal program is, of course, for hospital inpatient care. The average cost per hospital inpatient day in 2000 was \$1,108.54 for Public Assistance Families and Medically Needy Families. Those groups accounted for 27.4 percent of total hospital inpatient expenditures in 2000 and were used in Table 8 so that most Medicare/Medi-Cal crossover data could be excluded. Costs include ancillaries as well as accommodations.

In 2000, the average cost per day of care was \$100.80 for nursing facilities and \$128.80 for intermediate care facilities-developmentally disabled.

TABLE 8
MEDI-CAL PROGRAM
AVERAGE COST PER SERVICE FOR SELECTED SERVICES
CALENDAR YEARS 1999 AND 2000
(FFS ONLY)

TYPE OF SERVICE	CALENDAR YEAR 1999	CALENDAR YEAR 2000	PERCENT CHANGE
Physicians Services/1/			
Outpatient Visits	\$ 24.94	\$ 24.44	(2.0)
Hospital Inpatient Visits	47.12	48.25	2.4
Critical Care Visits	96.74	101.28	4.7
Long-Term Care Visits	29.94	29.66	(0.9)
Ophthalmological Examinations	33.74	34.45	2.1
Inpatient Hospital Surgery	392.67	477.37	21.6
Outpatient Surgery	83.09	98.80	18.9
Psychiatry	16.30	46.52	185.4
Immunization and Injection	16.71	20.16	20.6
Drug Prescriptions	50.05	59.14	18.2
Hospital Inpatient Day/2/	1,075.14	1,108.54	3.1
Nursing Facility Day	91.28	100.80	10.4
Intermediate Care Facility-DD Day	120.53	128.80	6.9

/1/ Excludes Medicare/Medi-Cal crossover claims.

/2/ Reflects data for Public Assistance Families and Medically Needy Families only in order to exclude most Medicare/Medi-Cal crossover claims.

Note: FFS = Fee-For-Service.
Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) PAYMENTS BY PROVIDER TYPE - TABLE 9

In 2000, provider payments averaged \$933,586,711 million per month, up 7.9 percent from the prior year's average.

Pharmacy received the largest share of the Medi-Cal provider payments. Monthly expenditures for these services increased 21.8 percent from the prior year to \$177.4 million per month.

Nursing Facilities was the second highest paid provider group. Their payments increased 8.8 percent from 1999 to \$193.4 million per month.

Community Hospitals received \$176.6 million per month in 2000, up 3.6 percent from the prior year.

Payments to County Hospitals averaged \$49.8 million per month during 2000, down 2.2 percent from the prior year.

All of the provider types showed an increase in 2000, except Physician, Dentist, Podiatrist, County Hospital, Laboratory Facility, and Rehabilitation Facility, which showed decreases of 3.5, 3.8, 24.0, 2.2, 28.2, and 0.9 percent respectively.

TABLE 9

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT BY TYPE OF PROVIDER
CALENDAR YEARS 1999 AND 2000
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 1999	CALENDAR YEAR 2000	CHANGE	
			Number	Percent
TOTAL	\$865,186,260	\$933,586,711	\$68,400,451	7.9
Physician	66,859,748	64,503,556	(2,356,192)	(3.5)
Pharmacy	177,472,108	216,073,127	38,601,019	21.8
Dentist	47,495,165	45,697,112	(1,798,053)	(3.8)
Optometrist	2,186,247	2,213,328	27,081	1.2
Chiropractor	31,655	37,903	6,248	19.7
Podiatrist	1,662,890	1,263,484	(399,406)	(24.0)
County Hospital	50,922,566	49,791,947	(1,130,619)	(2.2)
Inpatient	43,885,042	43,901,402	16,360	0.0
Outpatient	7,037,524	5,890,545	(1,146,979)	(16.3)
Community Hospital	170,383,555	176,570,926	6,187,371	3.6
Inpatient	152,403,191	157,409,466	5,006,275	3.3
Outpatient	17,980,364	19,161,461	1,181,097	6.6
State Hospital	38,831,679	40,124,944	1,293,265	3.3
Nursing Facility	177,728,749	193,415,229	15,686,480	8.8
Intermediate Care Facility-DD	21,254,281	24,118,087	2,863,806	13.5
Home Health Agency	10,373,629	11,018,040	644,411	6.2
Laboratory Facility	11,794,934	8,463,346	(3,331,588)	(28.2)
Medical Transportation	7,269,180	7,629,263	360,083	5.0
Rehabilitation Facility	531,754	527,214	(4,540)	(0.9)
Organized Outpatient Clinic	23,985,352	29,899,067	5,913,715	24.7
All Other Providers	56,401,414	62,237,773	5,836,359	10.3

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

A large retroactive adjustment that was made on hospital inpatient crossover claims in 1999 is not included in this data because the magnitude of the adjustment would skew the user and expenditure data.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) COST PER ELIGIBLE BY PROVIDER TYPE - [TABLE 10](#)

The average monthly cost per eligible was \$366.50 in 2000.

Pharmacies was the largest expenditure category and had the highest cost per eligible per month at \$84.83 up 21.1 percent from 1999.

Nursing Facilities was the second largest expenditure category at \$75.93 per month, an increase of 8.3 percent from 1999.

Community Hospitals was the third largest expenditure category and its monthly cost per eligible of \$69.314 reflected an increase of 3.1 percent from 1999.

County Hospitals was the fourth largest expenditure category and its monthly cost per eligible of \$19.55 reflected a decrease of 2.7 percent from 1999.

TABLE 10

MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER ELIGIBLE BY TYPE OF PROVIDER
CALENDAR YEARS 1999 AND 2000
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 1999	CALENDAR YEAR 2000	PERCENT CHANGE
TOTAL	\$341.44	\$366.50	7.3
Physician	26.39	24.34	-7.8
Pharmacy	70.04	84.83	21.1
Dentist	18.74	17.94	-4.3
Optometrist	0.90	0.87	-3.3
Chiropractor	0.00	0.01	0.0
Podiatrist	0.70	0.50	-28.6
County Hospital	20.10	19.55	-2.7
Inpatient	17.32	17.23	-0.5
Outpatient	2.78	2.31	-16.9
Community Hospital	67.24	69.31	3.1
Inpatient	60.15	61.80	2.7
Outpatient	7.10	7.52	5.9
State Hospital	15.32	15.76	2.9
Nursing Facility	70.14	75.93	8.3
Intermediate Care Facility-DD	8.39	9.47	12.9
Home Health Agency	4.09	4.33	5.9
Laboratory Facility	4.65	3.32	-28.6
Medical Transportation	2.87	3.00	4.5
Rehabilitation Facility	0.21	0.21	0.0
Organized Outpatient Clinic	9.47	11.74	24.0
All Other Providers	22.26	24.43	9.7

Note: FFS = Fee-For-Service.

Source: State of California, Department of Health Services, Medi-Cal
Services and Expenditures Month of Payment Calendar Year Reports and Tables 3 and 4

FEE-FOR-SERVICE (FFS) COST PER USER BY PROVIDER TYPE - [TABLE 11](#)

In 2000, the average monthly cost per user was \$546.44.

Users of State Hospital services and County and Community Hospital Inpatient services were the most costly - of those three provider types, State Hospital services showed the highest cost per user at \$10,731.22 per month, up 6.8 percent from 1999; County Hospital Inpatient services showed the cost per user at \$5,647.51, up 4.6 percent from 1999; and Community Hospital Inpatient services showed the lowest cost per user at \$4,423.05, up 8.3 percent from 1999.

Chiropractor showed the largest cost increase from a year ago, up 23.4 percent per recipient.

TABLE 11

MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER USER BY TYPE OF PROVIDER
CALENDAR YEARS 1999 AND 2000
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 1999	CALENDAR YEAR 2000	PERCENT CHANGE
TOTAL	\$449.89	\$546.44	21.5
Physician	119.91	123.06	2.6
Pharmacy	182.24	224.12	23.0
Dentist	179.70	178.62	-0.6
Optometrist	59.94	63.07	5.2
Chiropractor	14.17	17.49	23.4
Podiatrist	62.29	53.33	-14.4
County Hospital	803.14	893.00	11.2
Inpatient	5,398.36	5,647.51	4.6
Outpatient	122.37	118.16	-3.4
Community Hospital	785.81	826.87	5.2
Inpatient	4,083.46	4,423.05	8.3
Outpatient	94.78	101.96	7.6
State Hospital	10,050.26	10,731.22	6.8
Nursing Facility	2,723.36	2,988.90	9.8
Intermediate Care Facility-DD	3,801.35	4,178.04	9.9
Home Health Agency	1,245.61	1,461.31	17.3
Laboratory Facility	82.26	63.33	-23.0
Medical Transportation	250.46	274.66	9.7
Rehabilitation Facility	115.62	124.86	8.0
Organized Outpatient Clinic	137.63	146.44	6.4

Note: FFS = Fee-For-Service.

Source: State of California, Department of Health Services, Medi-Cal Services
and Expenditures Month of Payment Calendar Year Reports.

TOTAL MEDI-CAL PROGRAM EXPENDITURES - TABLE 12

Table 12 is the only table showing all types of Medi-Cal program expenditures. The following figures reflect actual budget item expenditures and, as such, are reported here by fiscal (budget) year rather than by calendar year.

Total Medi-Cal expenditures were \$20.62 billion for Fiscal Year (FY) 1999-2000, an increase of 9.7 percent from FY 1998-99.

The \$11.33 billion in direct fee-for-service provider payments was an increase of 7.6 percent. These expenditures accounted for 55 percent of the total expenditures in FY 1999-2000 and 56 percent in the FY 1998-99

Delta Dental (DD) is an at-risk fiscal intermediary providing authorization and payment for virtually all types of Medi-Cal dental services rendered. DD covers all Medi-Cal eligibles except those enrolled in HCPs providing dental care. In FY 1999-2000, the approximate number of Medi-Cal eligibles covered by DD was 4,214,700 million persons per month. Capitation payments totaled \$585.1 million, a decrease of 15.1 percent from FY 1998-99.

Managed Care capitations increased 14.0 percent to \$3.38 billion in FY 1999-2000.

There were seven County Organized Health Systems (COHS) in effect during FY 1999-2000. Santa Barbara Health Initiative was effective September 1, 1983, Health Plan of San Mateo was effective December 1, 1987, Partnership HealthPlan of California (PHC) was effective May 1, 1994, Orange County Organized Health System (CalOPTIMA) was effective October 1, 1995, Central Coast Alliance for Health in Santa Cruz was effective January 1, 1996, Partnership Healthplan of California, in Napa was effective May 1, 1994 and the plan expanded on March 1, 1998 and Central Coast Alliance for Health in Monterey County was effective October 1, 1999. Payments to COHS totaled \$1.02 billion.

Expenditures for Early Periodic Screening Services decreased 14.1 percent to \$28.9 million in FY 1999-2000. The program provides screening, diagnostic, and treatment services for all Medi-Cal eligibles under age 21.

The Short-Doyle/Medi-Cal program provides community mental health services to Medi-Cal program eligibles. The \$728.3 million expenditure in FY 1999-2000 reflects an increase of 18.6 percent from the prior fiscal year.

Buy-In is the purchase of Medicare Part A and Part B medical insurance coverage by the Medi-Cal program for those eligibles who are entitled to the coverage. Expenditures for Medicare Part A and Part B Buy-In ran \$878.4 million in FY 1999-2000.

Administration costs include various State departmental expenditures, payments for claims processing operations, and county administrative expenses. In FY 1999-2000, these expenditures increased 18.8 percent from the prior fiscal year. Administration costs accounted for 5.6 percent of total expenditures in FY 1999-2000 and 5.2 percent of total expenditures in 1998-99.

TABLE 12

TOTAL MEDI-CAL PROGRAM EXPENDITURES BY DATE OF PAYMENT
BY TYPE OF EXPENDITURE AND SOURCE OF FUNDS
FISCAL YEARS 1998-99 AND 1999-2000

TYPE OF EXPENDITURE	FISCAL YEAR		PERCENT CHANGE
	1998-1999	1999-2000	
TOTAL (Excluding Administration)	\$18,797,631,600	\$20,619,976,700	9.7
Provider Payments, Fee-For-Service	10,525,885,300	11,326,817,300	7.6
Dental	688,816,600	585,136,700	(15.1)
Managed Care	2,961,445,100	3,376,196,400	14.0
Early Periodic Screening Services	33,577,300	28,852,900	(14.1)
Miscellaneous Non-Fee-For-Service	1,107,739,200	1,310,323,500	18.3
Short-Doyle/Medi-Cal	613,873,700	728,264,300	18.6
Medicare Buy-In	826,463,300	878,401,600	6.3
Audits and Lawsuits	20,053,500	8,714,400	(56.5)
Disproportionate Share Hospital (SB 855)	2,154,075,900	2,542,600,000	18.0
Recoveries	(134,298,300)	(165,330,400)	23.1
Administration	970,656,400	1,153,335,300	18.8

Note: Excludes Interim Payments charged to the General Fund Loan.

Figures in parentheses () indicate negative numbers.

Expenditures are based on when claim was paid, rather than month of service.

Source: State of California, Department of Health Services, Medi-Cal Assistance Register.

SECTION 4

MEDI-CAL PROVIDER PARTICIPATION

MEDI-CAL PROVIDER PARTICIPATION – TABLE 13

Table 13 shows the total number of selected types of providers and their distribution by amount paid. The figures include out-of-state providers. Physicians include group practices, which are counted as one provider. This understates the physician count, but it is not known how many physicians are practicing in a group.

A county distribution of selected types of providers is given in Table 23 and Table 24.

The majority of providers are in the \$1-\$599, \$600-\$9,999, and \$10,000-\$49,999 payment intervals. However, for Pharmacies, there were more providers in the \$100,000-\$999,999 payment interval.

The large number of acute inpatient hospitals shown on Table 13 reflects the fact that out-of-state hospital billings are included in the data. This is also the reason for the large number who were paid less than \$10,000 each. Table 23 shows that there were 832 acute inpatient hospitals excluding out-of-state hospitals.

TABLE 13

MEDI-CAL PROGRAM
NUMBER OF PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS
BY SELECTED TYPE OF PROVIDER AND AMOUNT PAID
CALENDAR YEAR 2000

SELECTED TYPE OF PROVIDER	TOTAL PROVIDERS	NUMBER OF PROVIDERS BY AMOUNT PAID					
		\$1- \$599	\$600- \$9,999	\$10,000- \$49,999	\$50,000- \$99,999	\$100,000- \$999,999	\$1,000,000 and Over
INPATIENT PROVIDERS							
ACUTE INPATIENT HOSPITALS	832	19	266	108	31	135	273
LONG TERM CARE FACILITIES	2,270	7	48	97	73	1,182	863
STATE DEVELOPMENTAL CENTERS	6	0	0	0	0	0	6
STATE HOSPITALS-MENTALLY DISORDERED	2	0	0	0	0	1	1
OUTPATIENT PROVIDERS							
ADULT DAY HEALTH CARE CENTERS	183	1	5	8	7	140	22
BIRTHING CENTERS	6	0	2	2	1	1	0
CERTIFIED HOSPICE SERVICE	155	9	22	27	19	69	9
CHRONIC DIALYSIS CLINIC	323	1	16	30	34	211	31
HOME HEALTH AGENCIES	491	23	130	107	54	114	63
LOCAL EDUCATION AGENCIES	427	8	83	141	93	97	5
ORGANIZED OUTPATIENT CLINICS	384	64	95	86	57	81	1
OUTPATIENT HEROIN DETOXIFICATION	25	3	14	6	2	0	0
OUTPATIENT HOSPITAL DEPARTMENTS	1,040	479	110	81	44	252	74
REHAB CLINICS	89	2	12	40	24	11	0
RURAL HEALTH CLINICS	554	13	19	35	63	338	86
SURGICAL CLINICS	168	22	60	60	15	11	0
OTHER PROVIDERS							
ACUPUNCTURISTS	721	111	405	166	29	10	0
ASSISTIVE DEVICE & SICK ROOM SUPPLY DEALERS	1,060	159	169	177	121	388	46
AUDIOLOGISTS	230	35	67	73	36	19	0
BLOOD BANKS	5	1	2	1	1	0	0
CHIROPRACTORS	353	229	115	9	0	0	0
CLINICAL LABS	460	84	114	87	45	103	27
DENTISTS	8,633	1,535	2,623	2,173	953	1,322	27
DISPENSING OPTICIANS/OPTICAL LAB	308	46	154	88	13	6	1
HEARING AID DISPENSERS	230	19	100	71	23	17	0
MEDICAL TRANSPORTATION - GROUND AND AIR	569	66	115	128	65	176	19
NURSE ANESTHETISTS	58	13	30	14	0	1	0
NURSE MIDWIVES	80	6	26	25	7	16	0
NURSE PRACTITIONERS - FAMILY AND PEDIATRIC (SOLO & GROUP)	41	11	16	10	3	1	0
OCCUPATIONAL THERAPISTS	26	10	13	2	1	0	0
OPTOMETRISTS (SOLO & GROUP)	1,816	316	845	536	90	29	0
ORTHOTISTS	36	5	16	5	5	5	0
PHARMACIES/PHARMACISTS	5,531	496	430	678	492	2,802	633
PHYSICAL THERAPISTS	118	65	35	18	0	0	0
PHYSICIANS (SOLO & GROUP)	22,334	5,857	8,248	5,215	1,412	1,536	66
PODIATRISTS	991	314	423	184	37	33	0
PORTABLE X-RAY	27	8	10	7	1	1	0
PROSTHETISTS	137	14	28	50	18	25	2
SPEECH THERAPISTS	114	18	48	29	9	9	1

Note: Includes out-of-state providers. Physician group practices, Optometric group practices, and Nurse Practitioner Group Practices are counted as one provider.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims.

SECTION 5

MEDI-CAL CAPITATED HEALTH SYSTEMS

HEALTH CARE PLAN CAPITATION PAYMENTS - TABLE 14

A Health Care Plan is an organized system which provides comprehensive health care services to an enrolled population.

Under Section 14200 et seq., of the Welfare and Institutions (W&I) Code, the Medi-Cal Program provides beneficiaries may be required to enroll in one of two or more Managed Care plans as an alternative to the Medi-Cal Fee-For-Service (FFS) system. Under this authority, the Department of Health Services contracts with Health Care Plans (HCPs) and pilot projects to provide comprehensive, managed care in specified areas of the State on a prepaid, at-risk basis. Under Federal Law, California's HCPs are the equivalent of Health Maintenance Organizations (HMOs).

HCPs are reimbursed at a per-person per-month FFS equivalent Medi-Cal cost.

Payments shown in this report are obtained from the Managed Care Financial Worksheets. This includes all dollars, initial capitation, "net changes" from previous months, adjustments, and retroactive payments, but excludes advance payments. Special Projects include plans providing care to the elderly and AIDS beneficiaries.

During 2000, \$2.39 billion in capitation payments were made to Health Care Plans by the Medi-Cal program. This was \$185.6 million (or 8.4 percent) more than was paid in the prior year.

Los Angeles County capitation payments were up \$83.1 million from the \$1.01 million paid by the Medi-Cal program during Calendar Year 1999.

Sacramento County capitation payments accounted for \$159.7 million (up \$2.22 billion from the prior year) or 6.7 percent of the total capitation payments.

In 2000, seventy-seven percent of the total capitation payments were distributed to Los Angeles County and the combined Counties of San Diego, Sacramento, San Bernardino, Fresno, and Alameda.

During 2000, Medi-Cal had contracts with HCPs in 20 counties.

TABLE 14

MEDI-CAL PROGRAM
TOTAL MANAGED CARE CAPITATION PAYMENTS EXCLUDING COHS PLANS
CALENDAR YEAR 2000

COUNTY	SUM OF MANAGED CARE PAYMENTS BY TYPE					
	TOTAL	2-Plan/GMC	FFS-MCN	PCCM	PHP	SPECIAL PROJECTS
Alameda	\$132,396,665	\$125,806,190				\$6,590,475
Contra Costa	51,057,908	51,057,908				
El Dorado	93,693			\$93,693		
Fresno	140,735,088	140,735,088				
Kern	87,579,985	87,579,985				
Los Angeles	1,100,042,981	1,080,905,331				19,137,650
Madera	182,803			182,803		
Marin	503,833				\$503,833	
Placer	284,489		\$284,489			
Riverside	105,769,126	103,880,957				1,888,169
Sacramento	159,678,001	155,119,792		4,735		4,553,474
San Bernardino	147,761,886	146,414,330				1,347,556
San Diego	161,393,085	161,393,085				
San Francisco	75,264,813	49,038,351				26,226,462
San Joaquin	67,682,593	67,682,593				
Santa Clara	79,982,023	79,982,023				
Sonoma	1,624,538		652,213		972,325	
Stanislaus	38,540,837	38,540,837				
Tulare	34,991,928	34,991,928				
Yolo	329,122			329,122		
Total	\$2,385,895,397	\$2,323,128,398	\$936,702	\$610,353	\$1,476,158	\$59,743,786

Note: This includes all dollars, initial capitation, "net changes" from previous months, adjustments, and retroactive payments, but excludes advance payments. Prior figures in the Annual Statistical Report included just initial payments for the Two-Plan/GMC plans.

"Special Projects" include plans providing care to the elderly and AIDS beneficiaries.

Source: State of California, Department of Health Services, Managed Care Financial Worksheets.

HEALTH CARE PLAN ENROLLMENT - **TABLE 14-A**

A Health Care Plan is an organized system, which provides comprehensive health care services to an enrolled population.

Under Section 14200 et seq., of the Welfare and Institutions (W&I) Code, the Medi-Cal Program provides beneficiaries may be required to enroll in one of two or more Managed Care plans as an alternative to the Medi-Cal Fee-For-Service (FFS) system. Under this authority, the Department of Health Services contracts with Health Care Plans (HCPs) and pilot projects to provide comprehensive, managed care in specified areas of the State on a prepaid, at-risk basis. Under Federal Law, California's HCPs are the equivalent of Health Maintenance Organizations (HMOs).

Health Care Plan enrollees in this report are obtained from the Monthly Enrollment Report.

An average of 2,158,642 Medi-Cal eligibles were enrolled in Health Care Plans (HCPs) each month of 2000. The enrollment increased 2.3 percent from the 2,110,038 persons enrolled in the prior year.

Los Angeles County was the major county accounting for 998,414 of the 2,158,642 enrollees in 2000. Los Angeles County enrollees accounted for 46.3 percent of the total enrollment.

San Diego County, with a monthly average of 157,106 enrollees in 2000, was the only other county with at least 7 percent of the total enrollment.

In 2000, seventy-eight percent of all monthly HCP enrollees were distributed to Los Angeles County and the combined Counties of San Diego, Sacramento, San Bernardino, Fresno, and Alameda.

During 2000, Medi-Cal had contracts with HCPs in 20 counties.

TABLE 14-A

MEDI-CAL PROGRAM
AVERAGE MONTHLY MANAGED CARE BENEFICIARIES EXCLUDING COHS PLANS
CALENDAR YEAR 2000

COUNTY	AVERAGE MONTHLY BENEFICIARIES					
	TOTAL	2-Plan/GMC	FFS-MCN	PCCM	PHP	SPECIAL PROJECTS
Alameda	103,219	102,999				220
Contra Costa	43,658	43,658				
El Dorado	119			119		
Fresno	130,720	130,720				
Kern	74,666	74,666				
Los Angeles	998,414	996,805				1,609
Madera	364			364		
Marin	240				240	
Placer	10,308		10,308			
Riverside	99,403	99,203				200
Sacramento	155,255	155,074				181
San Bernardino	134,068	133,917				151
San Diego	157,106	157,106				
San Francisco	38,469	37,536				933
San Joaquin	60,296	60,296				
Santa Clara	61,009	61,009				
Sonoma	24,147		23,631		516	
Stanislaus	34,103	34,103				
Tulare	32,232	32,232				
Yolo	846			846		
Total	2,158,642	2,119,324	33,939	1,329	756	3,294

Note: "Special Projects" include plans providing care to the elderly and AIDS beneficiaries.

Counties that are not Managed Care plans, are not included in this table.

Source: State of California, Department of Health Services, Managed Care Division, Monthly Enrollment Report.

Source: State of California, Department of Health Services, MCSS File HCP0103 Beneficiaries by Managed Care Plan 2001.

COUNTY ORGANIZED HEALTH SYSTEMS - TABLE 15

County Organized Health Systems (COHS) are prepaid by the Medi-Cal program on a capitated, at-risk basis. COHSs are responsible for providing authorization and payment for most non-dental Medi-Cal services rendered to Medi-Cal eligibles residing in their respective counties.

The County Organized Health System estimated eligibles and estimated payments shown in this report are obtained from the Rate Sheet for Managed Care Plans and the Medi-Cal Eligibility Data System Summary File.

County Organized Health Systems currently exist in seven counties (Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz and Solano Counties).

An average of 404,146 Medi-Cal eligibles were enrolled in County Organized Health Systems (COHS) each month of 2000. The enrollment increased 7.4 percent from the average of 376,429 persons eligible each month in 1999.

During 2000, \$1.02 billion in capitation payments were made to County Organized Health Systems by the Medi-Cal program. This was \$121.7 million or 13.5 percent more than the \$899.2 million paid in 1999. This increase is due to the expansion of County Organized Health Systems.

The Santa Barbara Health Initiative (SBHI) was effective September 1, 1983. A total of \$98.3 million in capitation payments were made for an average of 40,992 monthly eligibles during 2000.

The Health Plan of San Mateo (HPSM) was effective December 1, 1987. A total of \$79.1 million in capitation payments were made for an average of 37,785 monthly eligibles during 2000.

The Partnership HealthPlan of California (PHC), in Solano County was effective May 1, 1994. A total of \$104.4 million in capitation payments were made for an average of 39,909 monthly eligibles during 2000.

The Partnership HealthPlan of California (PHC), in Napa County was effective March 1, 1998. A total of \$30.2 million in capitation payments were made for an average of 7,557 eligibles during 2000.

The CalOPTIMA in Orange County, was effective October 1, 1995. A total of \$568.1 million in capitation payments were made for an average of 218,479 monthly eligibles.

The Central Coast Alliance for Health in Santa Cruz County was effective January 1, 1996. A total of \$60.0 million in capitation payments were made for an average of 21,247 monthly eligibles during 2000.

The Central Coast Alliance for Health in Monterey County was effective October 1, 1999. A total of \$80.7 million in capitation payments were made for an average of 38,177 monthly eligibles.

TABLE 15

MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY COUNTY ORGANIZED HEALTH SYSTEMS
ELIGIBLES AND TOTAL CAPITATION PAYMENTS BY COUNTY
CALENDAR YEAR 2000

(COHS ONLY)

COUNTY	ESTIMATED AVERAGE MONTHLY ELIGIBLES	ESTIMATED TOTAL CAPITATION PAYMENTS
TOTAL	404,146	\$1,020,868,545
Monterey	38,177	80,749,541
Napa	7,557	30,231,613
Orange	218,479	568,136,265
San Mateo	37,785	79,090,554
Santa Barbara	40,992	98,337,005
Santa Cruz	21,247	59,966,204
Solano	39,909	104,357,363

Note: COHS = County Organized Health Systems.

Figures may differ from previously published reports.

Capitation payments do not include excess risk liability payments, adjustments for enrollees with AIDS, or retroactive capitation rate adjustments made after March 2001. For Fiscal Year 1999-2000, excess risk liability payments are not complete at this time.

Source: State of California, Department of Health Services, Rate Sheet for Managed Care Plans and MEDSSUM File dated April 2001.

CalOPTIMA

CalOPTIMA is a Medi-Cal County Organized Health System, in Orange County under contract to the State, and is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through CalOPTIMA with the following exceptions: services authorized by the California Children's Services program for the diagnosis and treatment of the CCS eligible condition of a specific member; dental services, as defined in Table 22, CCR, Section 51059; Short-Doyle/Medi-Cal (SD/MD) and Medi-Cal fee-for-service mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the (SD/MD) program as defined in Title 22, CCR, Section 51341(a) and (c) and outpatient heroin detoxification as defined in Title 22, CCR, Section 51328; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part I of Division 8.5 of the Welfare and Institutions code; or Home and Community Based Care waived services as defined in Title 22, CCR, Section 51176; Local Education Authority (LEA) services as described in Title 22, CCR, Section 51360 when provided pursuant to an Individual Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a state or federal hospital; laboratory services provided under the state Serum Alpha-fetoprotein Testing Program administered by the Genetic Disease Branch of the Department of Health Services; fabrication of Optical Lenses; and Targeted Case Management Services as specified in Title 22, CCR, Section 51351.

CalOPTIMA

<u>Aid Group</u>	<u>Aid Code</u>
Adult	81, 86, 87
Aged	10, 14, 16, 17, 18
Child	4C, 4K, 5K, 3, 4, 45, 82, 83
Disabled	6A, 6C, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68
Family	3A, 3C, 3P, 3R, 1, 2, 8, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3E, 3G, 3H, 3L, 3M, 3N, 3U, 4F, 4G, 5X, 7X
Long Term Care	13, 23, 63, 53
Percent of Poverty	47, 72, 7A, 8P, 8R

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

HEALTH PLAN OF SAN MATEO (HPSM)

The Health Plan of San Mateo (HPSM) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through the Health Plan of San Mateo with the following exceptions: Services in any federal or state governmental hospital ("State hospital" does not mean county hospital); Child Health and Disabilities Prevention (CHDP) services which are those health care services for eligibles under 21 years of age, and provided in accordance with Title 17, California Code of Regulations (CCR), Section 6800, et seq.; Dental services, as defined in Title 22, CCR, Section 51059; Short-Doyle/Medi-Cal drug services; all speciality mental health services, Long term care services rendered by nursing and intermediate care facilities; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; and Home or community-based care waived services.

OBRA/IRCA recipients in San Mateo County began receiving services through the Health Plan of San Mateo (HPSM), effective September 1, 1993.

Currently, all recipients with an identification number beginning with County Code 41 (San Mateo County) with the exceptions of aid codes 07, 7C, 44, 48, 49, 50, 69, 70, 74, 75, 79 and 80, who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Health Plan of San Mateo.

Aged:	10, 14, 16, 17, 18, 36
Disabled:	20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C 6N, 6P, 6R, 6V and 6W
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, OA, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 5X, 7X
Child:	03, 04, 45, 82, 83, 4C, 4K, 5K, 6X, 6Y
Adult:	81, 86, 87
Long Term Care:	13, 23, 53, 63
IRCA/OBRA:	55, 58, 5F, 5G, 5N
Percent of Poverty:	47, 72, 7A, 8P, 8R (Effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for AIDs and excess risk liability claims.

CENTRAL COAST ALLIANCE FOR HEALTH (CCAFH)

The Central Coast Alliance for Health (CCAFH), formerly called Santa Cruz County Health Options, is a Medi-Cal County Organized Health System administered by the Santa Cruz –Monterey Managed Medical Care Commission, under direct contract with the State. The program provides health care on a managed care basis. Monterey County joined Santa Cruz in October 1999, when CCAFH adopted its current name.

All services within the scope of the Medi-Cal program are provided through CCAFH with the following exceptions: Services authorized by the California Children Services (CCS) program, for diagnosis and treatment of the CCS eligible condition of the specific member; dental services; mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program, and outpatient heroin detoxification; services rendered under the Adult Day Health Programs; services rendered under the Multipurpose Senior Services Program; home and community-based care waived services; Local Education Authority (LEA) services when provided pursuant to an Individual Education Plan or Individual Family Services Plan; LEA assessment services for eligible students; services rendered in a State or federal hospital; laboratory services provided under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the Department of Health Services; optical lenses and services provided by the Prison Industries Authority State contract; and Targeted Case Management services.

CCAFH serves all Medi-Cal recipients and Medicare/Medi-Cal eligible recipients who have Medi-Cal Identification numbers with County Codes 27 (Monterey County) and 44 (Santa Cruz County) and eligibility under one of the following aid codes:

<u>Category</u>	<u>Aid Codes</u>
Adult	81, 86, 87
Aged	10, 14, 16, 17, 18, 36
Child	03, 04, 45, 82, 83, 4A, 4C, 4K, 5K
Disabled	20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C, 6N, 6P, 6R, 6V, 6W, 6X, 6Y
Family	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3P, 3R, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4G, 5X, and 7X
Long Term Care	13, 23, 53, 63
Percent of Poverty	47, 72, 7A, 8P, 8R

Capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

The Partnership HealthPlan of California (PHC) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis for most Medi-Cal recipients residing in Solano, Napa, and Yolo Counties.

Nearly all services authorized for Medi-Cal reimbursement will be provided through the Partnership HealthPlan of California with the following exceptions: Dental services, as defined in Title 22, California Code of Regulations (CCR), Section 51059 and 51307 and 51340.1; Short-Doyle/Medi-Cal mental health services as defined in Title 22, CCR, Section 51341. Short-Doyle Drug Medi-Cal Substance Abuse Services as defined by Title 22, CCR, Section 51341.1. Laboratory analysis and reporting under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the State Department of Health Services; Services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; Services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; or Home and community-based care waived services as described in Title 22, CCR, Section 51346; Local Education Authority (LEA) services described in Title 22, CCR, Section 51360 when provided pursuant to an Independent Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; Services rendered in a State or federal hospital; fabrication of optical lenses for Napa and Yolo County Medi-Cal beneficiaries only. Specialty Mental Health Services (contractor is responsible for all mental health drugs for Solano County only). The plan expanded into Napa County on March 1, 1998, and into Yolo County on March 1, 2001 and also changed its name. What this all means is that mental health (Specialty Mental Health Services including psychiatric inpatient and outpatient services provided by psychologists, psychiatrists, or by Specialty Mental Health providers under the EPSDT program) is carved-out of the contract for Napa and Yolo beneficiaries only. Mental health services (Specialty Mental Health) is carved-in for Solano County beneficiaries.

Currently, all recipients with a Medi-Cal identification number beginning with County Code 48 (Solano County) and County Code 28 (Napa and Yolo County) Code 57 with the following Aid Codes receive medical services through the Partnership HealthPlan of California:

Aged: 10, 14, 16, 17, 18, IH

Disabled: 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y

Family: 01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 3P, 3R, 40, 42, 54, 59, 0A, 3A, 3C, 3G, 3H, 3E, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4G, 5X, and 7X effective December 1, 1998

Child: 03, 04, 45, 82, 83, 4A, 4C, 4K, 5K, 7J

Adult: 81, 86, 87

Long Term Care: 13, 23, 53, 63

IRCA/OBRA: 55, 58, 5F, 5G, 5N

Percent of Poverty: 47, 72, 7A, 8P, 8R (Effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY – [TABLE 16](#)

Medicare, a medical insurance program, and Medi-Cal, a medical assistance program, together work to pay the medical bills of certain needy and low-income persons. The Medi-Cal Buy-In program purchases Medicare Part A and Part B Supplementary Medical Insurance (SMI) for program eligibles who are entitled to the coverage.

Table 16 is included to show the number of Medi-Cal eligibles who were also eligible for Medicare Part A and Part B SMI coverage and for whom Medi-Cal paid the enrollment premium (bought in for).

Part A SMI benefits include hospital inpatient services.

Medi-Cal paid the monthly Medicare Part A enrollment premium for an average of 110,216 persons (85,969 aged and 24,248 disabled). The monthly premium averaged \$38.6 million.

Part B SMI benefits include physicians' medical and surgical services, outpatient hospital services, outpatient physical therapy and speech pathology services, durable medical equipment, services from independent laboratories, ambulance services, home health care, and a number of other health services and supplies. In addition to paying the monthly enrollment premium for eligible persons, Medi-Cal can pay the annual deductible and the portion of covered medical costs that Medicare does not pay.

In 2000, Medi-Cal paid the Medicare Part B enrollment premium for an average of 475,482 aged persons each month. The monthly premium averaged \$23.1 million.

Medi-Cal paid the monthly Medicare Part B enrollment premium for 324,384 disabled persons with premiums averaging \$15.4 million per month. The Disabled category includes persons in the Disabled or Blind aid categories.

[Table 16](#)
MEDI-CAL PROGRAM
MEDICARE PART A AND PART B BUY-IN ACTIVITY:
AVERAGE MONTHLY NUMBER OF MEDI-CAL ELIGIBLES AND
AVERAGE MONTHLY PREMIUM PAYMENT
CALENDAR YEAR 2000

ELIGIBILITY CATEGORY	PART A		PART B/1/	
	ELIGIBLES	PREMIUM	ELIGIBLES	PREMIUM
TOTAL	110,216	\$35,567,628	797,085	\$38,554,740
Aged	85,969	INA	475,482	23,132,844
Disabled	24,248	INA	324,384	15,421,896

INA: Information Not Available.

/1/: Includes Part A.

Note: All persons eligible for Qualified Medicare Beneficiaries (QMB) only are included in Aged. Figures are rounded independently and may not add to totals.
Source: State of California, Department of Health Services, Buy-In Reports.

SECTION 7
COUNTY DATA

SECTION 7

COUNTY DATA

[Table 17](#) shows the number of Medi-Cal eligibles, including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs), by age group and sex, in October 2000.

Males comprise 42 percent of the Medi-Cal eligibles. Most males (63 percent) are under age 21, 26 percent are of ages 21 to 64, and 11 percent are 65 and older.

Fifty-eight percent of eligibles are females. Most females are under age 21 (46 percent), 39 percent are of ages 21 to 64, and 15 percent are 65 and older.

[Table 18](#) shows the average monthly number of persons eligible for Medi-Cal in each county by program and aid category, excluding COHS, HCPs, and the Presumptive Eligibility for Pregnant Women Program.

Los Angeles County accounted for 36 percent of the FFS eligibles.

[Table 19](#) reports average monthly number of users by program and aid category, excluding COHS and HCPs. Division of Table 19 by Table 18 will give proportion of eligibles using Medi-Cal services, or the utilization rate.

Los Angeles County accounted for 35 percent of the users. Its utilization rate of 66.4 percent was 2.1 percentage points lower than the statewide average of 68.5 percent.

[Table 20](#) is a companion to the two preceding tables. Cost per user can be obtained by dividing Table 20 by Table 19, while division by Table 18 gives cost per eligible.

Los Angeles County accounted for 37 percent of the statewide total expenditures. The County's annual cost per user was \$6,802. Los Angeles County's annual cost per eligible was \$4,516.

[Table 21](#) shows average monthly number of users by type of provider. Utilization rates for the various services can be obtained by dividing the number of users by the county total eligibles of Table 18.

For example, the statewide utilization rate for physician services was 22 percent, or 22 out of every 100 eligibles used this service each month. The Los Angeles County utilization rate for physician services was 26 percent.

[Table 22](#) is a companion to Table 21. Cost per user by type of provider can be derived from the two tables.

For example, Los Angeles County's annual cost per user of physician services was \$1657.03, which was 12.2 percent higher than the statewide average of \$1,476.66.

It can be noted from Table 22 that physician services accounted for 6.9 percent of total expenditures statewide and 8.4 percent of expenditures in Los Angeles County. Such comparisons can be made for each type of provider.

[Table 23A](#) shows the number of inpatient hospitals, long term care facilities, and physicians receiving payments from the Fee-For-Service Medi-Cal program. The hospitals are the general acute care facilities and exclude state hospitals. Primary care physicians are reported separately by type of primary care specialty. Any other specialty (e.g., psychiatry, pathology, etc.) is included in the "All Other" column. Most of the decline in provider participation is due to the transition to Managed Care.

[Table 23B](#) shows providers per 1,000 Fee-For-Service (FFS) eligibles. In this table we can see that most providers have maintained a stable relationship to FFS eligibles over the 1998-2000 period. Pharmacies are the only provider category to consistently decline.

The number of physicians is understated. Due to the billing procedures used in the Medi-Cal program, the number of physicians practicing in groups is not known. A group is counted as only one physician throughout this table.

Forty-six percent of the physicians billing the program were primary care physicians, 19.1 percent of the physicians were general practice/family practice physicians, 13.5 percent specialized in internal medicine, 7.4 percent specialized in obstetrics/gynecology, and 5.6 percent were pediatric specialists.

[Table 24](#) shows the county distribution of selected providers receiving Medi-Cal program payments. These are provider types whose total numbers are high enough to provide a functional county distribution for this table.

As would be expected, Los Angeles County, which is the most populous California county, has the largest number of providers. Alpine County had only 187 Medi-Cal eligibles and an estimated 1,220 county population in 2000. Other types of services may be obtained through providers in surrounding counties.

Except outpatient clinics which grew from 366 in 1999 to 384 in 2000, a declining trend is evident among all Medi-Cal providers with pharmacies declining 23 percent to 5,531.

[Table 25](#) shows the population and Medi-Cal eligibles (including FFS, COHS, and HCPs) for each county.

Los Angeles County (the most populous California county) accounted for 28.2 percent of the population and 37.3 percent of the eligibles, followed by Orange County accounting for 8.4 percent of the population and 4.7 percent of the eligibles, and San Diego County accounting for 8.3 percent of the population and 5.8 percent of the eligibles.

[Table 26](#) shows the number of persons certified eligible for Medi-Cal (including FFS, COHS, and HCPs) by county and race/ethnicity in October 2000.

Of the 5,070,823 persons certified eligible for Medi-Cal in October 2000, 2,093,996 were Hispanic; 1,348,646 were White; 669,082 were Black; and 552,166 were of Other and Not Reported race/ethnicities.

In terms of percentages, 41.3 percent of the Medi-Cal eligibles were Hispanic, 26.6 percent White, 13.2 percent Black, 7.6 percent Asian/Pacific Islander, 0.4 percent American Indian/Alaskan Native, and 10.9 percent Not Reported/race ethnicities.

[Table 27](#) shows the number of providers by provider type and status. As of December 31, 2000, there were 71,508 providers with Active Status, 260,726 providers with Inactive Status, 309 providers with Pending Status, 3,781 providers with Deceased Status, 2 providers with Rejected Status, 3,076 providers with Suspended Status, 59,503 providers with Indirect Status, and 256 providers with Contract Status.

Please Note: The paid claims data on Tables 19-25 (Users and Payments) are limited for counties with Medi-Cal Managed Care populations due to the fact that not all covered services are reimbursed on a per claim basis.

TABLE 17

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
TOTAL BOTH SEXES
OCTOBER 2000
(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	5,070,823	2,700,658	187,152	165,063	154,175	151,937	155,827	158,121	152,520	148,887	146,913	144,095
Alameda	185,349	90,433	5,213	4,757	4,704	4,823	4,835	4,964	4,868	4,910	5,000	4,895
Alpine	181	96	2	11	11	5	4	10	2	1	5	2
Amador	2,490	1,189	72	70	52	67	65	64	67	53	56	64
Butte	38,160	19,365	986	1,005	1,006	949	1,017	1,051	1,026	962	1,031	1,023
Calaveras	4,951	2,490	98	112	98	122	112	122	121	117	115	132
Colusa	3,143	1,683	177	111	89	97	80	95	90	88	82	65
Contra Costa	84,467	42,058	2,989	2,511	2,342	2,218	2,373	2,380	2,242	2,215	2,244	2,233
Del Norte	6,090	3,099	170	154	180	173	155	156	152	158	152	158
El Dorado	10,056	4,788	383	249	243	235	253	233	246	242	244	240
Fresno	212,630	125,030	7,898	7,439	7,036	6,885	6,830	6,972	6,909	6,813	6,837	6,754
Glenn	4,757	2,710	173	155	150	151	147	150	146	143	140	137
Humboldt	21,643	10,073	592	554	532	494	494	506	529	502	507	538
Imperial	37,756	19,013	1,115	957	953	928	911	958	898	984	998	988
Inyo	2,328	1,112	73	74	63	58	65	63	49	49	60	58
Kern	136,710	77,712	5,503	4,794	4,586	4,374	4,491	4,405	4,485	4,221	4,271	4,198
Kings	21,914	12,489	1,019	793	740	716	722	685	607	653	656	669
Lake	12,503	5,655	280	307	257	264	305	303	312	291	299	314
Lassen	4,095	2,098	137	119	112	119	111	117	99	103	111	110
Los Angeles	1,901,157	1,034,152	64,704	64,954	61,031	60,978	62,472	63,531	61,325	59,383	58,450	56,410
Madera	24,739	14,656	1,191	986	976	915	898	833	816	793	682	742
Marin	10,905	4,212	466	319	242	211	235	241	191	186	195	175
Mariposa	1,766	866	46	51	39	38	52	29	51	46	48	50
Mendocino	14,960	7,566	524	417	401	401	410	432	387	333	350	382
Merced	55,591	32,444	1,713	1,899	1,715	1,760	1,738	1,827	1,764	1,770	1,766	1,719
Modoc	1,960	1,014	39	49	52	55	50	51	49	53	53	59
Mono	674	407	44	29	28	18	27	18	23	13	21	22
Monterey	50,219	27,446	2,894	1,834	1,603	1,582	1,571	1,677	1,408	1,454	1,318	1,286
Napa	8,583	4,080	347	281	240	209	226	260	192	183	200	186
Nevada	6,081	2,676	206	151	137	109	126	126	141	108	129	119
Orange	254,395	132,978	14,310	9,727	8,227	7,808	8,114	7,971	7,409	6,982	6,861	6,535

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	14,472	6,609	526	384	346	314	331	373	357	328	355	354
Plumas	2,558	1,159	56	54	45	51	58	50	74	61	59	63
Riverside	196,010	112,484	8,774	6,867	6,551	6,441	6,727	6,618	6,403	6,180	5,844	5,806
Sacramento	238,770	131,681	7,062	7,040	6,915	6,801	7,098	7,487	7,190	7,574	7,337	7,233
San Benito	4,640	2,533	213	191	161	143	133	149	151	136	124	108
San Bernardino	273,133	159,803	11,137	9,683	9,128	9,071	9,205	9,533	9,260	8,980	8,878	8,758
San Diego	289,749	150,380	10,487	8,421	7,930	8,210	8,540	8,973	8,813	8,432	8,394	8,410
San Francisco	109,166	35,360	2,343	1,959	1,826	1,835	1,857	1,809	1,851	1,793	1,771	1,750
San Joaquin	105,507	58,232	3,719	3,124	3,022	3,030	3,112	3,239	3,048	3,034	3,045	3,084
San Luis Obispo	22,081	10,660	863	621	607	519	602	587	544	497	541	561
San Mateo	41,573	17,430	2,092	1,375	1,113	987	990	996	906	860	837	798
Santa Barbara	46,517	25,256	2,551	1,752	1,647	1,461	1,477	1,476	1,355	1,305	1,292	1,251
Santa Clara	144,472	62,481	5,321	3,743	3,410	3,174	3,271	3,194	3,226	3,238	3,038	3,044
Santa Cruz	23,554	11,499	1,235	813	657	647	646	618	586	578	540	580
Shasta	30,609	14,922	735	796	750	746	808	804	755	767	749	772
Sierra	317	132	8	6	6	5	7	8	8	6	6	4
Siskiyou	8,097	3,829	205	183	179	174	204	175	163	172	175	197
Solano	41,130	21,341	1,565	1,348	1,122	1,162	1,176	1,174	1,106	1,150	1,125	1,129
Sonoma	32,872	14,760	1,534	949	810	776	788	778	709	726	695	667
Stanislaus	85,896	45,911	2,931	2,784	2,556	2,385	2,630	2,576	2,497	2,360	2,381	2,431
Sutter	13,276	6,678	501	398	399	368	350	356	354	352	364	391
Tehama	10,323	5,334	313	297	271	278	320	289	287	292	263	272
Trinity	2,143	977	34	36	44	28	48	51	38	51	51	62
Tulare	98,049	56,185	4,177	3,495	3,307	3,191	3,138	3,153	3,000	3,037	2,993	3,015
Tuolumne	6,247	2,974	156	165	152	139	160	144	160	146	142	163
Ventura	72,224	38,507	3,994	2,645	2,364	2,207	2,216	2,181	1,981	1,996	1,920	1,877
Yolo	22,134	11,497	792	633	576	593	598	635	637	610	655	594
Yuba	15,051	8,454	464	432	436	439	448	465	457	417	458	458

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2000

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	138,596	128,345	120,707	112,610	106,941	102,833	98,271	95,520	86,940	75,346	69,859
Alameda	4,729	4,533	4,416	4,079	3,724	3,598	3,683	3,560	3,417	3,089	2,636
Alpine	4	8	7	3	5	5	3	3	2	3	0
Amador	66	58	56	63	62	54	60	40	38	32	30
Butte	1,061	1,044	1,016	892	925	875	829	802	722	616	527
Calaveras	140	160	132	140	141	119	121	117	112	78	81
Colusa	66	74	56	82	64	60	70	62	77	52	46
Contra Costa	2,233	2,110	1,985	1,859	1,757	1,707	1,608	1,531	1,368	1,113	1,040
Del Norte	164	157	151	137	150	133	157	137	112	95	98
El Dorado	254	252	213	241	228	232	198	192	161	129	120
Fresno	6,537	6,066	5,734	5,652	5,304	5,029	4,826	4,634	4,326	3,420	3,129
Glenn	118	149	140	125	111	119	102	126	81	69	78
Humboldt	579	549	480	471	447	455	428	404	373	322	317
Imperial	1,038	973	915	900	845	899	865	850	803	662	573
Inyo	59	53	42	53	45	43	44	51	45	38	27
Kern	3,920	3,764	3,472	3,318	3,165	2,897	2,863	2,711	2,317	2,002	1,955
Kings	624	563	553	496	482	480	466	456	418	335	356
Lake	328	341	298	275	267	277	251	195	181	160	150
Lassen	112	106	90	106	87	93	85	86	80	52	63
Los Angeles	53,247	47,829	44,671	441,335	39,207	37,123	34,901	34,157	32,181	29,321	26,942
Madera	719	653	609	569	512	496	489	503	469	401	404
Marin	190	184	167	147	150	156	170	155	159	144	129
Mariposa	46	32	41	57	30	39	45	49	28	26	23
Mendocino	396	395	388	312	350	355	335	298	255	231	214
Merced	1,762	1,583	1,534	1,461	1,417	1,374	1,375	1,282	1,150	963	872
Modoc	57	55	52	64	55	49	46	40	39	24	23
Mono	11	24	15	14	17	8	18	11	15	15	16
Monterey	1,272	1,179	1,074	992	975	935	987	923	924	762	796
Napa	193	181	173	170	151	168	159	166	143	133	119
Nevada	152	140	126	141	145	123	109	120	109	73	86
Orange	6,008	5,397	5,077	4,584	4,402	4,367	4,238	4,289	4,033	3,421	3,218

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2000

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	362	311	323	293	314	298	237	244	212	169	178
Plumas	65	70	61	57	56	62	54	50	44	33	36
Riverside	5,887	5,505	5,169	4,649	4,429	4,232	4,020	3,865	3,193	2,709	2,615
Sacramento	7,032	6,824	6,555	6,022	5,802	5,688	5,342	5,090	4,561	3,765	3,263
San Benito	116	103	91	89	100	89	79	95	88	94	80
San Bernardino	8,593	8,057	7,482	7,034	6,447	6,167	5,690	5,338	4,342	3,606	3,414
San Diego	8,063	7,635	7,158	6,491	6,011	5,827	5,420	5,283	4,604	3,841	3,437
San Francisco	1,711	1,766	1,615	1,549	1,494	1,411	1,552	1,552	1,465	1,294	1,157
San Joaquin	2,959	2,975	2,784	2,814	2,576	2,550	2,500	2,280	2,090	1,705	1,542
San Luis Obispo	542	524	484	450	416	443	431	384	397	315	332
San Mateo	727	694	663	563	573	560	564	589	542	531	470
Santa Barbara	1,215	1,070	1,019	913	852	819	822	874	761	674	670
Santa Clara	2,912	2,583	2,748	2,475	2,426	2,544	2,672	2,723	2,532	2,166	2,041
Santa Cruz	510	469	474	490	428	415	398	435	371	294	315
Shasta	852	812	785	683	712	702	674	631	537	432	420
Sierra	7	9	7	7	7	6	9	4	5	5	2
Siskiyou	212	194	203	219	191	205	215	189	146	105	123
Solano	1,123	1,092	975	895	872	840	803	770	683	620	611
Sonoma	717	666	606	620	609	609	597	568	459	420	457
Stanislaus	2,377	2,238	2,180	1,993	2,009	1,877	1,840	1,759	1,520	1,285	1,302
Sutter	360	322	292	276	293	276	245	234	202	173	172
Tehama	263	275	254	247	262	227	209	219	181	164	151
Trinity	60	56	53	56	51	61	53	52	43	32	17
Tulare	2,858	2,635	2,469	2,366	2,280	2,229	2,078	2,102	1,730	1,495	1,437
Tuolumne	164	155	137	142	135	167	143	119	107	81	97
Ventura	1,813	1,652	1,472	1,499	1,430	1,383	1,247	1,303	1,310	1,032	985
Yolo	555	589	545	546	514	502	472	476	386	304	285
Yuba	456	452	420	434	432	376	374	342	291	221	182

Table 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	2,370,165	203,654	260,932	262,823	257,373	220,799	169,834	129,154	103,910	100,274	661,412
Alameda	94,916	7,006	8,854	9,074	9,529	8,929	7,421	5,913	4,415	3,933	29,842
Alpine	85	11	9	10	12	11	6	6	4	3	13
Amador	1,301	112	117	119	154	144	111	60	67	47	370
Butte	18,795	1,642	2,077	1,967	2,303	2,116	1,664	1,304	1,071	821	3,830
Calaveras	2,461	209	226	280	300	285	246	138	112	103	562
Colusa	1,460	160	169	164	142	121	106	77	71	70	380
Contra Costa	42,409	3,653	4,387	4,471	4,607	4,054	3,129	2,452	1,887	1,811	11,958
Del Norte	2,991	264	292	324	402	367	260	206	184	171	521
El Dorado	5,268	442	533	539	619	575	463	345	284	209	1,259
Fresno	87,600	9,467	11,287	10,816	10,638	8,597	6,383	4,848	3,743	3,448	18,373
Glenn	2,047	185	235	218	210	232	145	124	121	106	471
Humboldt	11,570	1,016	1,262	1,243	1,453	1,404	1,213	897	635	500	1,947
Imperial	18,743	1,491	1,624	1,800	1,928	1,751	1,404	1,007	797	749	6,192
Inyo	1,216	92	117	124	142	115	111	67	57	41	350
Kern	58,998	6,795	8,149	7,456	7,483	5,813	4,032	2,941	2,591	2,360	11,378
Kings	9,425	1,122	1,221	1,235	1,121	849	584	417	414	341	2,121
Lake	6,848	452	572	710	766	790	629	497	454	371	1,607
Lassen	1,997	212	242	212	252	185	140	144	110	80	420
Los Angeles	867,005	73,581	100,756	102,584	94,133	78,102	57,782	42,220	34,099	35,461	248,287
Madera	10,083	1,204	1,349	1,124	1,058	862	636	493	414	441	2,502
Marin	6,693	425	594	661	676	659	612	552	392	259	1,863
Mariposa	900	68	81	79	123	95	81	72	42	34	225
Mendocino	7,394	588	756	724	831	807	691	598	453	383	1,563
Merced	23,147	2,620	3,199	2,945	2,826	2,262	1,697	1,159	953	873	4,613
Modoc	946	81	92	112	109	96	69	59	43	51	234
Mono	267	40	35	31	38	21	17	12	8	14	51
Monterey	22,773	2,611	3,143	2,773	2,304	1,908	1,382	1,129	935	839	5,749
Napa	4,503	387	503	457	465	419	331	242	208	172	1,319
Nevada	3,405	265	285	274	374	378	318	250	191	115	955
Orange	121,417	9,111	12,761	12,755	11,521	10,022	8,197	6,457	5,289	5,191	40,113

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	7,863	607	706	773	856	787	646	501	409	351	2,227
Plumas	1,399	116	114	116	155	165	136	113	86	59	339
Riverside	83,526	8,405	9,518	9,423	9,469	7,709	5,811	4,457	3,819	3,678	21,237
Sacramento	107,089	9,527	12,310	12,566	13,287	11,893	9,094	6,817	5,298	4,846	21,451
San Benito	2,107	252	266	208	236	159	105	76	76	65	664
San Bernardino	113,330	11,749	13,585	13,525	13,879	11,595	8,196	6,254	5,178	4,782	24,587
San Diego	139,369	9,956	12,970	13,745	14,645	13,460	10,852	8,127	6,583	6,191	42,840
San Francisco	73,806	2,549	3,683	4,353	5,517	5,930	5,584	4,835	3,631	3,823	33,901
San Joaquin	47,275	4,476	5,308	5,180	5,238	4,495	3,697	3,154	2,530	2,112	11,085
San Luis Obispo	11,421	1,000	1,286	1,309	1,440	1,238	985	735	523	421	2,484
San Mateo	24,143	1,657	1,989	1,933	1,753	1,503	1,269	1,043	849	1,025	11,122
Santa Barbara	21,261	2,172	2,670	2,591	2,436	2,077	1,546	1,213	898	815	4,843
Santa Clara	81,991	5,439	7,040	6,781	6,484	5,977	5,261	4,236	3,634	3,866	33,273
Santa Cruz	12,055	1,097	1,258	1,342	1,285	1,173	1,069	799	556	484	2,992
Shasta	15,687	1,374	1,529	1,708	1,955	1,781	1,396	1,112	924	726	3,182
Sierra	185	10	16	11	15	12	15	10	12	13	71
Siskiyou	4,268	289	387	368	501	513	411	298	266	245	990
Solano	19,789	1,901	2,335	2,204	2,331	1,913	1,386	988	714	658	5,359
Sonoma	18,112	1,385	1,671	1,767	2,092	1,913	1,652	1,345	1,022	759	4,506
Stanislaus	39,985	3,810	4,556	4,588	4,570	3,861	3,004	2,477	2,025	1,887	9,207
Sutter	6,598	564	726	800	716	579	497	334	289	307	1,786
Tehama	4,989	427	461	549	589	543	380	325	261	250	1,204
Trinity	1,166	62	65	97	144	144	124	110	75	72	273
Tulare	41,864	4,659	5,525	5,411	4,978	4,093	2,876	2,132	1,708	1,606	8,876
Tuolumne	3,273	294	276	343	434	379	286	228	165	139	729
Ventura	33,717	3,173	3,940	3,948	3,749	3,086	2,266	1,671	1,381	1,275	9,228
Yolo	10,637	832	1,155	1,213	1,279	1,126	845	630	543	467	2,547
Yuba	6,597	560	660	690	821	726	585	448	411	355	1,341

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/24/2001.

TABLE 17 (Continued)
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
FEMALES
OCTOBER 2000
(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	2,950,588	1,362,046	91,498	80,562	75,372	74,285	76,329	77,699	74,486	72,431	72,209	71,001
Alameda	109,672	45,658	2,549	2,332	2,276	2,305	2,394	2,489	2,414	2,407	2,476	2,452
Alpine	109	50	2	7	5	3	2	8	0	0	2	2
Amador	1,528	617	37	33	28	36	40	34	31	22	21	30
Butte	21,587	9,569	488	470	487	459	492	524	507	458	516	489
Calaveras	2,801	1,182	54	49	40	55	53	60	54	55	50	62
Colusa	1,870	885	104	60	39	47	38	40	43	42	43	29
Contra Costa	50,490	21,333	1,463	1,256	1,147	1,073	1,162	1,171	1,108	1,091	1,089	1,096
Del Norte	3,487	1,589	81	73	111	87	74	68	76	83	68	78
El Dorado	5,947	2,447	200	116	129	100	110	108	119	129	121	127
Fresno	120,439	63,203	3,869	3,673	3,420	3,339	3,379	3,442	3,392	3,271	3,347	3,311
Glenn	2,763	1,371	80	73	69	77	76	77	69	72	63	64
Humboldt	12,173	4,974	284	266	257	237	217	239	262	249	241	256
Imperial	21,394	9,544	528	464	473	440	454	451	434	477	489	502
Inyo	1,370	563	30	42	31	29	29	34	22	24	28	23
Kern	78,244	39,386	2,713	2,341	2,242	2,149	2,207	2,230	2,167	2,022	2,058	2,059
Kings	12,616	6,405	504	391	361	369	352	326	302	312	323	323
Lake	7,151	2,840	155	161	136	130	143	136	134	154	139	156
Lassen	2,345	1,023	59	60	55	47	52	49	53	46	61	56
Los Angeles	1,113,253	520,347	31,541	31,790	29,889	29,817	30,668	31,259	30,005	29,003	28,879	27,845
Madera	14,178	7,497	584	458	477	446	436	402	432	381	361	368
Marin	6,498	2,157	248	163	109	97	122	120	94	79	86	87
Mariposa	1,041	450	21	31	21	17	29	16	26	29	25	19
Mendocino	8,596	3,758	243	199	176	184	209	216	191	160	155	191
Merced	31,693	16,337	855	897	840	842	846	926	855	848	886	861
Modoc	1,105	498	16	27	23	34	23	22	27	21	26	30
Mono	395	207	20	11	17	9	9	7	13	7	14	10
Monterey	29,724	14,033	1,380	871	757	788	786	801	670	719	665	634
Napa	5,065	2,071	175	152	119	98	103	116	99	92	102	86
Nevada	3,579	1,283	88	74	52	40	57	56	67	57	57	53
Orange	148,308	67,578	6,965	4,724	4,047	3,909	3,979	3,946	3,607	3,414	3,369	3,242

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	8,715	3,356	254	208	160	146	153	168	178	152	177	175
Plumas	1,493	573	34	21	26	23	27	25	40	21	27	31
Riverside	114,777	56,695	4,353	3,347	3,025	3,136	3,178	3,272	3,125	3,020	2,897	2,854
Sacramento	136,476	66,301	3,553	3,447	3,421	3,354	3,470	3,670	3,453	3,699	3,603	3,537
San Benito	2,799	1,284	105	91	70	79	63	68	78	68	61	54
San Bernardino	159,189	80,593	5,483	4,680	4,590	4,451	4,489	4,677	4,528	4,379	4,257	4,271
San Diego	169,209	75,481	5,044	4,073	3,876	4,041	4,265	4,352	4,294	3,997	4,125	4,135
San Francisco	61,070	17,863	1,149	989	880	899	920	909	889	875	866	878
San Joaquin	60,168	29,386	1,828	1,526	1,485	1,484	1,533	1,621	1,428	1,478	1,541	1,524
San Luis Obispo	12,948	5,377	440	293	303	254	299	274	249	239	240	282
San Mateo	25,258	8,867	1,044	655	555	476	490	480	407	437	424	372
Santa Barbara	27,048	12,848	1,269	864	794	725	709	713	658	608	651	599
Santa Clara	85,193	31,894	2,566	1,858	1,677	1,573	1,595	1,591	1,628	1,592	1,504	1,533
Santa Cruz	13,818	5,880	593	405	334	309	313	287	292	290	258	281
Shasta	17,540	7,392	347	392	350	354	381	372	365	367	367	397
Sierra	194	60	3	3	2	2	3	6	3	4	1	3
Siskiyou	4,547	1,903	106	70	84	85	85	85	83	77	78	93
Solano	24,645	10,801	772	665	559	580	538	578	527	553	542	566
Sonoma	19,397	7,454	753	429	394	379	366	374	358	357	339	321
Stanislaus	49,773	23,142	1,427	1,353	1,253	1,141	1,330	1,258	1,207	1,118	1,146	1,151
Sutter	7,678	3,381	234	190	205	181	186	184	183	173	177	199
Tehama	6,106	2,809	163	169	144	132	172	152	154	132	123	144
Trinity	1,185	466	16	25	18	12	16	27	18	24	29	31
Tulare	55,032	28,384	2,027	1,683	1,642	1,552	1,506	1,527	1,483	1,483	1,486	1,493
Tuolumne	3,720	1,490	69	72	74	74	76	75	83	61	71	86
Ventura	42,168	19,511	1,931	1,274	1,128	1,079	1,100	1,036	959	1,008	954	933
Yolo	12,541	5,721	375	311	276	279	283	316	313	284	297	290
Yuba	8,480	4,279	224	205	214	222	242	229	230	211	208	227

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	67,947	62,756	59,063	55,444	52,571	51,228	49,764	50,145	50,020	48,752	48,484
Alameda	2,318	2,184	2,177	2,039	1,837	1,787	1,869	1,847	1,868	1,883	1,755
Alpine	1	3	4	2	1	2	2	1	0	3	0
Amador	34	30	24	33	31	27	35	22	25	22	22
Butte	500	501	486	416	442	404	408	385	391	388	358
Calaveras	64	80	67	67	64	63	52	53	41	48	51
Colusa	35	35	32	46	35	36	39	39	40	30	33
Contra Costa	1,116	1,016	997	896	837	864	835	814	800	745	757
Del Norte	97	79	74	67	72	61	79	68	68	57	68
El Dorado	129	143	101	114	118	119	96	100	88	93	87
Fresno	3,227	2,970	2,805	2,760	2,643	2,537	2,447	2,449	2,483	2,219	2,220
Glenn	61	72	70	67	61	51	49	79	45	40	56
Humboldt	266	256	217	236	226	237	199	201	200	208	220
Imperial	530	504	449	441	419	428	417	412	470	383	379
Inyo	29	29	19	28	21	26	22	25	23	25	24
Kern	1,899	1,850	1,721	1,652	1,570	1,430	1,420	1,456	1,407	1,383	1,410
Kings	302	268	270	244	247	246	247	256	269	223	270
Lake	171	180	163	135	115	131	115	100	90	103	93
Lassen	52	55	36	45	39	48	43	42	43	38	44
Los Angeles	26,198	23,431	21,873	20,398	19,373	18,577	17,763	17,960	18,080	18,076	17,922
Madera	345	333	307	278	251	257	251	287	266	285	292
Marin	85	96	84	77	76	86	93	97	82	92	84
Mariposa	27	12	26	24	15	24	22	23	14	17	12
Mendocino	198	188	185	151	167	184	178	145	154	145	139
Merced	871	741	762	720	691	684	658	675	660	630	589
Modoc	27	26	20	31	24	19	23	21	22	20	16
Mono	5	13	7	8	6	5	10	4	9	12	11
Monterey	634	563	516	493	479	483	518	532	577	560	607
Napa	89	88	80	94	70	88	68	85	88	96	83
Nevada	78	65	67	71	64	52	51	69	65	44	56
Orange	2,924	2,629	2,486	2,254	2,222	2,185	2,156	2,330	2,437	2,361	2,392

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	186	155	157	142	155	153	122	130	126	117	142
Plumas	35	35	29	28	24	24	27	27	20	22	27
Riverside	2,866	2,699	2,494	2,290	2,147	2,063	2,023	2,032	1,997	1,898	1,979
Sacramento	3,513	3,328	3,151	2,901	2,866	2,805	2,678	2,629	2,550	2,431	2,242
San Benito	50	46	39	46	49	40	31	45	63	69	69
San Bernardino	4,083	3,970	3,648	3,501	3,109	3,084	2,822	2,777	2,663	2,567	2,564
San Diego	3,943	3,724	3,528	3,198	2,952	2,893	2,733	2,743	2,614	2,525	2,426
San Francisco	815	889	795	773	718	718	828	818	813	732	710
San Joaquin	1,461	1,473	1,350	1,349	1,254	1,294	1,291	1,131	1,193	1,089	1,053
San Luis Obispo	281	243	237	221	190	226	209	218	228	225	226
San Mateo	330	345	345	269	291	270	275	332	335	385	350
Santa Barbara	589	507	508	440	429	395	437	473	494	476	510
Santa Clara	1,450	1,230	1,310	1,232	1,200	1,246	1,372	1,424	1,472	1,447	1,394
Santa Cruz	228	235	241	257	210	191	199	239	247	223	248
Shasta	397	397	393	340	353	335	342	307	278	266	292
Sierra	5	2	3	3	4	2	2	3	3	3	0
Siskiyou	101	92	106	117	93	106	108	105	80	66	83
Solano	514	509	473	465	432	422	418	413	391	434	450
Sonoma	353	322	311	296	310	288	296	284	285	283	356
Stanislaus	1,179	1,086	1,108	961	973	925	932	922	882	866	924
Sutter	165	150	142	139	131	144	126	120	121	118	113
Tehama	130	137	137	127	125	123	109	108	114	104	110
Trinity	28	25	25	23	29	24	21	22	20	21	12
Tulare	1,441	1,311	1,176	1,127	1,101	1,125	1,078	1,081	1,008	1,025	1,029
Tuolumne	71	84	67	77	63	78	77	72	52	50	58
Ventura	920	802	714	760	698	674	612	705	774	730	720
Yolo	289	285	244	254	238	243	245	240	231	216	212
Yuba	212	235	207	221	211	196	186	168	161	135	135

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	1,588,542	162,061	199,156	187,991	173,957	139,770	100,010	73,812	59,406	59,131	433,248
Alameda	64,014	5,742	7,052	6,767	6,583	5,642	4,305	3,281	2,499	2,316	19,827
Alpine	59	9	7	8	5	7	4	4	2	3	10
Amador	911	94	85	80	113	92	75	28	45	29	270
Butte	12,018	1,181	1,456	1,332	1,471	1,251	938	748	586	474	2,581
Calaveras	1,619	147	156	189	214	181	144	77	62	57	392
Colusa	985	130	134	117	107	72	67	40	38	34	246
Contra Costa	29,157	2,933	3,262	3,189	3,132	2,611	1,789	1,426	1,145	1,156	8,514
Del Norte	1,898	187	192	216	266	226	139	118	109	114	331
El Dorado	3,500	330	392	377	404	349	258	175	158	120	937
Fresno	57,236	7,233	8,266	7,291	6,909	5,295	3,655	2,785	2,124	1,971	11,707
Glenn	1,392	145	182	167	151	143	94	71	72	66	301
Humboldt	7,199	755	839	826	896	824	608	485	338	288	1,340
Imperial	11,850	1,088	1,189	1,285	1,338	1,159	872	585	428	375	3,531
Inyo	807	73	87	83	97	73	56	37	33	26	242
Kern	38,858	5,053	5,785	5,065	4,903	3,598	2,407	1,747	1,564	1,390	7,346
Kings	6,211	849	861	829	714	552	334	256	242	213	1,361
Lake	4,311	319	405	473	492	466	369	254	249	214	1,070
Lassen	1,322	151	177	146	168	121	81	85	63	49	281
Los Angeles	592,906	59,517	78,801	75,392	65,714	51,323	35,267	24,525	19,584	20,924	161,859
Madera	6,681	945	988	772	714	556	378	289	247	244	1,548
Marin	4,341	323	446	451	409	393	332	306	224	157	1,300
Mariposa	591	54	58	59	83	57	49	37	27	17	150
Mendocino	4,838	454	538	499	555	499	410	337	262	206	1,078
Merced	15,356	1,988	2,307	2,010	1,896	1,461	1,001	678	538	523	2,954
Modoc	607	67	63	81	65	58	40	27	25	24	157
Mono	188	30	30	25	27	17	14	4	4	5	32
Monterey	15,691	2,163	2,431	2,043	1,609	1,233	803	667	536	508	3,698
Napa	2,994	311	371	314	304	269	182	132	115	99	897
Nevada	2,296	205	203	207	254	230	179	139	104	74	701
Orange	80,730	7,574	9,834	9,105	7,622	6,243	4,781	3,577	2,890	3,148	25,956

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2000

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	5,359	473	516	566	570	480	369	293	239	224	1,629
Plumas	920	88	81	87	108	103	79	68	50	31	225
Riverside	58,082	6,848	7,603	7,036	6,630	5,041	3,577	2,666	2,288	2,198	14,195
Sacramento	70,175	7,455	9,344	8,722	8,672	7,189	5,153	3,819	3,037	2,859	13,925
San Benito	1,515	214	211	168	162	107	66	47	48	37	455
San Bernardino	78,596	9,391	10,492	9,935	9,649	7,565	5,054	3,829	3,094	2,887	16,700
San Diego	93,728	8,105	10,164	9,958	9,878	8,543	6,415	4,724	3,842	3,703	28,396
San Francisco	43,207	2,029	2,748	2,852	3,073	2,982	2,617	2,130	1,642	2,046	21,088
San Joaquin	30,782	3,447	3,874	3,581	3,502	2,787	2,115	1,832	1,439	1,209	6,996
San Luis Obispo	7,571	740	923	844	921	794	558	428	313	253	1,797
San Mateo	16,391	1,368	1,543	1,418	1,169	875	722	574	510	623	7,589
Santa Barbara	14,200	1,780	2,036	1,798	1,592	1,252	862	666	510	464	3,240
Santa Clara	53,299	4,318	5,194	4,646	4,271	3,676	3,074	2,372	2,038	2,347	21,363
Santa Cruz	7,938	905	958	930	830	721	558	428	290	267	2,051
Shasta	10,148	986	1,046	1,142	1,264	1,070	779	640	545	432	2,244
Sierra	134	9	11	11	12	8	11	5	8	8	51
Siskiyou	2,644	204	262	239	316	319	224	145	137	134	664
Solano	13,844	1,482	1,781	1,625	1,593	1,257	837	620	429	440	3,780
Sonoma	11,943	1,113	1,271	1,234	1,345	1,090	904	731	593	448	3,214
Stanislaus	26,631	2,950	3,309	3,136	3,019	2,456	1,834	1,473	1,247	1,104	6,103
Sutter	4,297	420	522	524	463	348	283	196	178	192	1,171
Tehama	3,297	310	344	369	386	324	228	193	137	160	846
Trinity	719	47	49	60	109	82	67	58	33	37	177
Tulare	26,648	3,517	3,844	3,505	3,086	2,423	1,650	1,212	971	892	5,548
Tuolumne	2,230	233	190	228	298	256	185	133	89	84	534
Ventura	22,657	2,531	2,936	2,689	2,448	1,927	1,340	988	835	785	6,178
Yolo	6,820	631	842	831	837	650	489	368	302	259	1,611
Yuba	4,201	417	465	459	539	444	329	254	249	184	861

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/24/2001.

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	2,547,269	1,400,077	323,353	21,920	630,712	424,092	661,256	103,438	707	51,600	505,510
Alameda	85,226	56,665	15,187	1,052	30,515	9,910	16,458	6,721	33	2,908	6,796
Alpine	187	115	10	1	22	82	57	0	0	4	53
Amador	2,510	1,270	156	11	440	664	991	140	0	51	800
Butte	38,604	25,115	1,705	247	8,134	15,030	9,897	1,040	10	546	8,301
Calaveras	4,977	3,083	291	24	857	1,911	1,465	146	0	70	1,249
Colusa	3,306	1,173	204	14	356	598	1,361	99	1	41	1,220
Contra Costa	41,223	25,115	5,783	498	14,373	4,462	10,666	2,828	8	1,191	6,639
Del Norte	6,122	4,318	248	31	1,513	2,527	1,318	118	1	73	1,126
El Dorado	10,030	5,587	586	72	2,167	2,761	3,053	395	1	187	2,469
Fresno	79,230	42,822	9,767	803	23,389	8,863	22,821	2,612	32	1,475	18,702
Glenn	4,877	2,891	287	26	745	1,834	1,021	89	1	64	867
Humboldt	21,752	14,167	931	113	5,654	7,468	5,866	468	6	297	5,095
Imperial	37,189	22,391	4,090	136	4,730	13,435	11,129	746	5	310	10,069
Inyo	2,369	1,197	160	10	377	650	931	131	1	37	762
Kern	62,527	33,873	5,821	581	17,798	9,673	17,127	1,953	21	1,191	13,961
Kings	22,208	11,632	1,187	90	2,932	7,423	8,040	396	3	173	7,468
Lake	12,634	9,096	884	89	3,107	5,015	2,855	334	4	195	2,322
Lassen	4,173	2,674	176	23	806	1,670	1,056	113	4	50	889
Los Angeles	908,493	450,486	140,462	7,855	205,759	96,410	219,107	38,634	237	17,310	162,925
Madera	25,578	13,889	1,365	105	3,171	9,248	5,320	412	5	230	4,674
Marin	10,607	5,810	837	83	2,854	2,037	2,703	596	11	318	1,777
Mariposa	1,821	998	114	13	289	582	628	66	1	39	523
Mendocino	15,370	9,222	786	76	3,367	4,993	3,683	359	5	200	3,120
Merced	55,547	33,660	2,546	225	6,808	24,082	16,033	744	11	331	14,947
Modoc	2,011	1,219	92	2	316	809	553	102	1	34	416
Mono	714	272	23	3	83	163	214	8	0	9	197
Monterey	13,390	3,258	9	107	3,092	50	3,147	3	3	250	2,891
Napa	694	32	0	0	19	13	217	1	0	12	204
Nevada	6,297	3,369	384	62	1,474	1,449	2,199	369	4	133	1,693
Orange	29,959	417	33	4	68	313	15,510	63	0	48	15,399

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	14,486	9,126	919	108	3,523	4,577	3,925	752	5	308	2,861
Plumas	2,563	1,436	147	20	611	658	948	120	1	43	784
Riverside	97,095	55,484	11,536	977	28,338	14,633	24,390	3,655	28	2,152	18,555
Sacramento	82,332	57,185	9,974	1,006	33,530	12,675	14,480	3,597	14	2,417	8,452
San Benito	4,911	2,380	359	23	550	1,447	1,649	177	2	53	1,417
San Bernardino	135,928	84,395	12,943	1,241	38,258	31,954	32,506	4,269	52	2,371	25,815
San Diego	137,191	88,475	24,272	1,736	47,896	14,571	27,464	6,979	34	3,556	16,895
San Francisco	69,876	50,144	21,028	964	24,409	3,744	12,084	4,930	32	2,743	4,380
San Joaquin	46,520	28,693	5,402	554	17,666	5,071	9,069	2,200	15	1,042	5,811
San Luis Obispo	21,955	11,333	1,148	118	4,664	5,403	8,229	744	4	467	7,015
San Mateo	3,569	45	3	0	9	33	1,641	1	0	3	1,637
Santa Barbara	5,260	117	2	1	22	92	2,860	18	0	11	2,830
Santa Clara	84,659	46,014	19,164	864	20,838	5,148	25,255	6,966	36	2,579	15,674
Santa Cruz	2,185	20	0	0	7	13	1,087	1	0	3	1,083
Shasta	30,846	20,525	1,471	153	7,544	11,357	7,658	792	5	479	6,382
Sierra	337	204	27	2	70	105	115	31	0	6	78
Siskiyou	8,232	5,363	512	41	1,932	2,877	2,171	202	0	105	1,864
Solano	1,667	80	2	1	60	17	950	3	0	20	927
Sonoma	32,325	17,711	1,999	256	8,007	7,449	10,798	1,245	17	1,297	8,240
Stanislaus	50,639	26,397	4,545	424	13,438	7,991	17,991	1,733	9	912	15,337
Sutter	13,665	6,935	973	80	2,257	3,625	5,213	402	5	118	4,688
Tehama	10,469	6,412	585	62	2,165	3,600	2,583	304	2	135	2,141
Trinity	2,183	1,470	129	15	557	769	564	67	0	43	454
Tulare	65,504	33,512	4,766	374	10,956	17,416	23,229	1,486	16	1,258	20,469
Tuolumne	6,364	3,836	303	34	1,387	2,112	2,075	255	1	141	1,678
Ventura	69,303	32,272	5,081	319	10,020	16,851	27,734	2,045	11	1,087	24,590
Yolo	22,060	13,590	1,245	125	3,733	8,488	6,394	568	10	335	5,482
Yuba	15,521	11,109	693	68	3,051	7,297	2,773	212	0	139	2,421

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	77,325	5,875	71,449	154,228	1,261	64,704	70,662	100,925	35,172	65,753
Alameda	1,861	381	1,480	2,986	88	1,432	2,004	2,893	1,164	1,729
Alpine	3	0	3	1	0	2	4	5	1	4
Amador	70	4	66	13	1	51	37	60	25	36
Butte	1,311	24	1,286	249	31	538	515	793	252	540
Calaveras	117	3	114	36	0	103	71	74	33	41
Colusa	131	9	122	131	0	144	132	218	89	128
Contra Costa	1,464	87	1,377	753	15	756	889	1,295	569	725
Del Norte	135	3	132	66	0	95	86	80	39	41
El Dorado	346	14	332	228	0	235	243	272	140	132
Fresno	2,160	253	1,908	3,436	10	2,374	2,443	2,708	1,120	1,589
Glenn	273	7	267	191	0	152	172	161	71	90
Humboldt	533	19	514	78	3	329	313	339	152	187
Imperial	1,042	48	994	679	0	621	446	621	210	411
Inyo	39	1	39	42	0	37	47	64	34	30
Kern	1,571	107	1,464	4,365	1	1,529	1,362	2,197	850	1,348
Kings	677	33	644	349	0	390	505	514	306	208
Lake	189	8	180	122	0	116	104	99	49	50
Lassen	120	4	115	74	0	60	64	95	37	59
Los Angeles	27,099	1,889	25,210	99,146	497	30,423	33,153	44,247	14,395	29,852
Madera	1,315	27	1,288	2,888	3	760	772	534	308	226
Marin	409	8	402	839	12	136	240	418	195	223
Mariposa	60	2	58	3	0	62	28	32	15	17
Mendocino	585	12	574	536	4	396	444	435	206	229
Merced	2,077	113	1,965	1,001	0	836	896	923	316	608
Modoc	55	2	54	58	0	44	35	41	13	29
Mono	46	4	43	39	0	26	45	71	35	35
Monterey	16	0	15	2,925	0	920	885	1,937	438	1,499
Napa	8	1	7	5	0	63	40	276	2	274
Nevada	200	7	194	37	0	118	103	224	106	118
Orange	465	58	408	5,603	0	1,152	641	4,969	13	4,956

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children	ALIENS				Total	Infant	Pregnant Woman
Placer	447	33	415	131	1	168	259	353	171	182
Plumas	48	2	46	13	0	40	34	40	18	21
Riverside	3,552	371	3,181	2,356	7	2,747	3,300	4,518	2,121	2,397
Sacramento	2,879	356	2,523	2,042	214	1,331	1,673	2,265	1,010	1,254
San Benito	245	14	231	159	0	96	123	220	88	131
San Bernardino	4,129	504	3,625	3,688	16	2,907	3,389	4,082	1,887	2,195
San Diego	5,828	487	5,341	2,682	83	2,988	3,491	5,120	2,024	3,096
San Francisco	1,483	84	1,400	1,547	28	922	1,195	1,952	714	1,238
San Joaquin	1,460	81	1,380	3,355	8	1,088	1,002	1,520	663	858
San Luis Obispo	674	54	620	144	1	365	501	599	317	282
San Mateo	21	0	21	2	0	246	152	1,134	9	1,125
Santa Barbara	37	1	36	850	0	195	117	798	4	794
Santa Clara	2,025	179	1,846	4,774	115	1,200	1,785	2,743	1,140	1,603
Santa Cruz	5	0	5	282	0	35	25	500	1	498
Shasta	938	27	912	119	18	555	438	513	222	291
Sierra	8	1	8	0	0	1	1	5	1	4
Siskiyou	190	5	185	66	1	170	118	117	57	61
Solano	10	4	7	3	0	60	52	379	3	376
Sonoma	1,025	63	962	404	1	398	639	1,043	509	534
Stanislaus	1,423	113	1,310	1,121	65	1,132	1,106	1,207	540	667
Sutter	330	8	321	197	7	315	283	334	142	191
Tehama	407	10	397	323	0	294	239	180	89	91
Trinity	44	1	44	2	0	49	26	20	11	9
Tulare	2,228	202	2,026	1,555	0	1,534	1,478	1,653	748	905
Tuolumne	126	3	123	8	0	110	84	100	47	53
Ventura	2,257	104	2,153	1,057	3	1,275	1,783	2,193	1,097	1,096
Yolo	594	36	558	239	21	309	363	494	237	257
Yuba	534	10	525	233	9	277	291	249	122	127

TABLE 18
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT
STATEWIDE	1,154	41	5	5,983	INA	505	9,138
Alameda	8	2	0	162	INA	37	629
Alpine	0	0	0	1	INA	0	0
Amador	1	0	0	9	INA	0	7
Butte	1	1	0	74	INA	2	78
Calaveras	0	1	0	21	INA	0	6
Colusa	3	0	0	9	INA	1	5
Contra Costa	44	4	0	106	INA	0	116
Del Norte	0	0	0	14	INA	0	9
El Dorado	4	0	0	32	INA	0	30
Fresno	95	0	0	52	INA	18	292
Glenn	1	0	0	5	INA	0	11
Humboldt	6	1	0	48	INA	2	69
Imperial	1	0	0	70	INA	6	184
Inyo	0	0	0	8	INA	0	5
Kern	23	1	0	173	INA	0	306
Kings	2	0	0	14	INA	0	85
Lake	1	0	0	44	INA	0	11
Lassen	1	0	0	22	INA	0	6
Los Angeles	186	1	1	2,204	INA	21	1,920
Madera	2	0	0	61	INA	0	35
Marin	7	0	0	18	INA	0	13
Mariposa	1	0	0	8	INA	0	1
Mendocino	2	0	0	37	INA	0	25
Merced	9	0	0	44	INA	3	64
Modoc	1	0	0	5	INA	0	1
Mono	1	0	0	1	INA	0	0
Monterey	21	0	0	104	INA	6	172
Napa	4	0	0	34	INA	0	17
Nevada	3	0	0	20	INA	1	22
Orange	168	0	0	429	INA	28	578

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT
Placer	10	0	0	28	INA	0	38
Plumas	0	0	0	3	INA	0	2
Riverside	73	2	1	148	INA	4	513
Sacramento	1	0	0	88	INA	8	165
San Benito	2	0	0	11	INA	0	27
San Bernardino	49	4	1	252	INA	1	509
San Diego	150	4	0	384	INA	20	503
San Francisco	51	0	0	187	INA	14	268
San Joaquin	11	0	0	119	INA	11	183
San Luis Obispo	7	2	0	39	INA	1	61
San Mateo	20	12	0	152	INA	25	119
Santa Barbara	30	0	0	44	INA	2	209
Santa Clara	19	1	0	209	INA	243	278
Santa Cruz	31	2	0	34	INA	1	165
Shasta	4	0	0	52	INA	2	24
Sierra	0	0	0	0	INA	0	1
Siskiyou	1	0	0	29	INA	0	7
Solano	3	0	1	25	INA	31	76
Sonoma	27	0	0	41	INA	0	239
Stanislaus	3	0	0	51	INA	4	140
Sutter	1	0	0	33	INA	2	15
Tehama	1	0	0	10	INA	1	20
Trinity	0	0	0	7	INA	0	2
Tulare	4	2	0	39	INA	2	269
Tuolumne	0	0	0	13	INA	0	12
Ventura	56	0	1	99	INA	7	566
Yolo	4	1	0	24	INA	3	24
Yuba	1	0	0	37	INA	0	9

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year 2000.

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDED				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	1,745,029	1,090,455	224,831	16,211	483,679	365,734	371,789	86,496	649	48,608	236,036
Alameda	61,800	45,072	10,072	717	21,858	12,424	10,357	4,847	24	2,363	3,123
Alpine	67	45	6	1	11	27	18	0	0	2	15
Amador	1,514	806	115	8	332	351	581	124	0	50	406
Butte	21,705	14,798	1,324	184	6,122	7,168	5,312	997	11	522	3,783
Calaveras	2,616	1,677	222	20	644	791	758	128	0	64	567
Colusa	1,750	715	140	11	276	288	658	96	1	43	518
Contra Costa	29,670	19,967	3,764	323	9,826	6,053	6,811	2,216	11	975	3,610
Del Norte	3,509	2,558	188	25	1,120	1,226	737	106	1	66	565
El Dorado	5,660	3,271	406	48	1,457	1,361	1,704	357	2	166	1,179
Fresno	69,377	44,744	6,923	602	18,601	18,618	15,037	2,394	28	1,318	11,297
Glenn	2,602	1,622	224	19	564	814	573	85	0	61	428
Humboldt	13,092	8,910	777	89	4,206	3,838	3,228	438	6	292	2,493
Imperial	19,786	12,882	2,966	107	3,486	6,323	5,186	666	5	297	4,218
Inyo	1,353	730	118	7	280	325	508	126	2	39	341
Kern	44,595	28,147	3,684	411	13,049	11,003	10,977	1,757	18	1,042	8,160
Kings	12,644	7,052	912	68	2,238	3,834	3,860	379	4	167	3,310
Lake	7,819	5,821	724	73	2,456	2,569	1,676	296	3	187	1,190
Lassen	2,377	1,586	129	13	595	849	610	109	2	44	455
Los Angeles	603,127	370,464	97,279	5,835	155,658	111,692	111,860	30,365	203	15,466	65,827
Madera	13,836	7,970	1,034	85	2,424	4,428	3,076	387	6	215	2,469
Marin	6,125	3,558	549	57	2,044	908	1,528	489	9	278	752
Mariposa	1,085	633	88	7	224	315	366	62	0	38	265
Mendocino	9,298	5,958	637	64	2,612	2,644	2,212	342	5	192	1,673
Merced	26,239	16,841	1,809	167	5,046	9,818	6,786	715	12	350	5,710
Modoc	1,125	717	74	2	240	401	334	103	1	33	197
Mono	353	138	17	2	54	65	107	5	0	8	95
Monterey	13,677	6,077	396	110	3,414	2,157	3,338	236	4	383	2,715
Napa	1,386	672	52	8	450	162	385	115	0	80	189
Nevada	3,775	2,115	286	43	1,048	738	1,314	340	4	125	845
Orange	52,477	20,496	2,748	236	9,026	8,486	10,906	1,161	13	1,450	8,283

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDED				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	8,439	5,393	607	75	2,512	2,198	2,293	686	6	281	1,320
Plumas	1,626	974	113	15	482	364	563	119	1	41	402
Riverside	64,979	39,499	6,277	648	19,947	12,628	13,822	3,010	24	1,902	8,886
Sacramento	56,935	43,014	6,545	698	24,236	11,535	8,706	2,848	11	2,055	3,793
San Benito	2,518	1,229	239	15	369	605	802	153	1	42	606
San Bernardino	90,822	58,483	7,422	845	27,193	23,024	19,465	3,557	42	2,151	13,715
San Diego	108,907	74,254	16,387	1,256	36,514	20,097	19,773	5,908	31	3,421	10,413
San Francisco	51,871	38,374	15,307	722	18,326	4,019	9,012	3,611	27	2,504	2,870
San Joaquin	34,810	24,043	3,596	398	13,382	6,667	6,872	1,974	14	936	3,948
San Luis Obispo	12,453	6,982	830	87	3,390	2,675	4,037	704	4	454	2,875
San Mateo	5,336	1,961	592	34	831	504	1,897	929	11	252	706
Santa Barbara	7,615	3,383	355	45	1,421	1,561	2,284	91	1	123	2,069
Santa Clara	55,498	35,071	12,821	597	14,915	6,739	13,644	4,906	31	2,053	6,655
Santa Cruz	4,492	2,256	224	21	1,279	732	1,197	163	0	145	889
Shasta	18,315	12,639	1,196	113	5,703	5,628	4,522	789	4	472	3,257
Sierra	206	126	20	2	58	47	68	30	0	6	31
Siskiyou	4,572	3,181	392	28	1,426	1,334	1,081	186	0	89	806
Solano	4,415	2,380	226	20	786	1,348	1,071	88	1	82	900
Sonoma	18,511	10,659	1,347	173	5,805	3,334	5,621	1,078	11	1,270	3,262
Stanislaus	33,350	20,499	3,243	303	10,354	6,599	9,308	1,524	8	834	6,942
Sutter	7,521	4,329	722	54	1,717	1,836	2,443	366	5	116	1,957
Tehama	6,346	4,069	475	48	1,673	1,873	1,583	302	2	141	1,138
Trinity	1,301	904	96	10	429	369	332	66	0	43	222
Tulare	44,418	26,386	3,484	295	8,604	14,003	12,348	1,446	15	1,300	9,587
Tuolumne	4,014	2,457	249	26	1,059	1,123	1,295	246	2	143	904
Ventura	36,763	18,452	3,054	210	7,072	8,116	12,458	1,594	11	1,006	9,848
Yolo	11,336	7,313	822	84	2,581	3,826	2,923	488	9	301	2,126
Yuba	8,376	6,112	527	50	2,261	3,273	1,564	198	1	131	1,234
Not Reported	4,847	0	0	0	0	0	0	0	0	0	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	50,185	6,491	43,694	42,559	1,236	22,642	31,681	60,759	19,488	41,271
Alameda	1,261	341	920	993	88	379	732	1,720	589	1,131
Alpine	1	0	1	0	0	1	1	1	1	1
Amador	44	6	38	4	0	20	12	34	13	20
Butte	609	25	584	72	9	184	192	380	145	235
Calaveras	57	3	54	10	0	35	28	41	14	27
Colusa	57	8	49	40	0	44	58	139	47	92
Contra Costa	638	90	548	344	11	208	340	886	322	564
Del Norte	67	3	64	17	0	32	34	50	23	28
El Dorado	174	21	153	82	0	89	90	188	70	119
Fresno	1,884	280	1,604	1,388	13	941	1,211	2,097	764	1,333
Glenn	119	7	113	38	0	43	74	95	39	57
Humboldt	274	23	251	22	3	124	116	210	77	133
Imperial	506	49	457	149	0	231	194	338	123	215
Inyo	22	1	21	13	0	15	15	40	14	26
Kern	989	119	870	1,093	0	544	606	1,286	471	816
Kings	407	38	369	153	0	147	261	418	223	195
Lake	104	7	97	34	0	45	38	72	23	49
Lassen	51	4	47	13	0	24	23	41	20	21
Los Angeles	19,362	1,909	17,453	21,235	433	102,205	15,360	21,881	7,779	14,100
Madera	702	34	668	736	2	292	404	434	201	233
Marin	173	10	163	272	11	34	97	297	101	195
Mariposa	30	3	27	1	0	23	9	19	6	12
Mendocino	288	16	273	171	3	128	183	304	113	191
Merced	983	99	884	345	0	245	343	506	187	321
Modoc	22	0	22	8	0	11	10	17	7	10
Mono	21	4	17	14	0	7	16	49	19	30
Monterey	225	18	207	1,041	3	264	400	1,272	363	909
Napa	32	2	29	9	0	27	20	151	0	151
Nevada	99	7	92	13	0	43	34	129	43	85
Orange	1,507	249	1,258	3,182	52	738	597	4,012	98	3,915

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	234	34	200	59	2	61	95	231	84	147
Plumas	25	2	23	3	0	13	13	23	8	15
Riverside	2,132	416	1,716	1,194	7	953	1,331	2,987	1,132	1,855
Sacramento	1,356	338	1,018	584	196	433	609	1,454	501	953
San Benito	114	12	102	62	0	21	45	139	49	90
San Bernardino	2,706	552	2,154	1,554	22	1,167	1,491	2,788	1,071	1,718
San Diego	3,447	561	2,886	1,669	105	1,122	1,466	3,419	999	2,419
San Francisco	814	135	679	726	44	317	575	1,336	411	925
San Joaquin	748	85	663	693	8	318	372	972	364	608
San Luis Obispo	370	60	310	87	1	152	210	419	163	256
San Mateo	163	18	145	71	2	84	114	723	33	690
Santa Barbara	201	23	178	420	1	143	146	745	38	707
Santa Clara	1164	168	996	1453	144	339	668	1773	546	1227
Santa Cruz	111	8	103	175	0	44	39	450	22	428
Shasta	420	31	389	29	6	181	154	313	113	201
Sierra	5	2	3	0	0	0	0	5	0	5
Siskiyou	98	7	91	17	0	58	40	74	30	44
Solano	80	16	64	16	0	54	37	295	8	287
Sonoma	549	80	469	271	1	112	211	727	230	498
Stanislaus	901	121	781	467	43	419	512	898	316	582
Sutter	166	11	155	78	3	100	120	211	82	128
Tehama	196	13	183	69	0	107	96	131	46	86
Trinity	23	0	23	0	0	17	10	12	5	7
Tulare	1,471	221	1,249	593	0	560	702	1,285	498	787
Tuolumne	73	6	66	3	0	50	33	73	22	50
Ventura	1,382	142	1,240	612	1	474	840	1,667	626	1,040
Yolo	294	40	254	99	21	107	138	338	124	214
Yuba	236	11	225	62	3	89	120	166	76	90
Not Reported	0	0	0	0	0	0	0	0	0	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
STATEWIDE	1,089	27	2	4,840	55,378	161	7,379	4,847
Alameda	2	2	0	17	924	10	244	0
Alpine	0	0	0	0	0	0	0	0
Amador	0	0	0	1	9	0	6	0
Butte	8	0	0	13	75	1	52	0
Calaveras	1	0	0	3	0	0	7	0
Colusa	4	0	0	1	28	0	6	0
Contra Costa	25	1	0	9	321	0	109	0
Del Norte	1	0	0	1	0	0	10	0
El Dorado	12	0	0	4	16	0	30	0
Fresno	41	0	0	5	1,696	3	318	0
Glenn	3	0	0	1	24	0	10	0
Humboldt	8	0	0	9	143	1	44	0
Imperial	6	0	0	11	205	0	78	0
Inyo	2	0	0	2	2	0	5	0
Kern	70	1	0	26	635	0	221	0
Kings	20	0	0	2	264	0	60	0
Lake	2	0	0	9	6	0	11	0
Lassen	2	0	0	2	19	0	5	0
Los Angeles	202	1	1	176	30,365	5	1,563	0
Madera	36	1	0	11	135	0	37	0
Marin	23	0	0	4	114	0	14	0
Mariposa	0	0	0	1	1	0	3	0
Mendocino	16	0	0	6	3	0	27	0
Merced	8	0	0	4	100	2	66	0
Modoc	1	0	0	2	3	0	1	0
Mono	1	0	0	0	1	0	0	0
Monterey	88	0	0	53	736	2	180	0
Napa	8	0	0	10	58	0	17	0
Nevada	3	0	0	4	1	0	20	0
Orange	110	0	1	4,145	6,114	3	615	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
Placer	8	0	0	3	21	0	39	0
Plumas	0	0	0	1	8	0	2	0
Riverside	43	1	0	16	2,574	0	422	0
Sacramento	0	0	0	7	388	4	186	0
San Benito	4	0	0	1	77	0	23	0
San Bernardino	31	7	0	36	2,573	0	498	0
San Diego	95	1	0	34	2,979	5	539	0
San Francisco	20	0	0	12	461	3	176	0
San Joaquin	40	0	0	18	568	4	154	0
San Luis Obispo	7	1	0	5	26	0	58	0
San Mateo	1	4	0	48	139	0	127	0
Santa Barbara	17	0	0	29	118	0	131	0
Santa Clara	11	0	0	12	850	104	266	0
Santa Cruz	12	1	0	11	63	1	134	0
Shasta	6	0	0	12	6	0	28	0
Sierra	0	0	0	0	1	0	2	0
Siskiyou	1	0	0	7	8	0	7	0
Solano	2	0	0	12	395	4	67	0
Sonoma	20	0	0	7	261	0	71	0
Stanislaus	2	0	0	3	151	1	145	0
Sutter	7	0	0	5	42	1	16	0
Tehama	5	0	0	2	65	1	22	0
Trinity	1	0	0	1	1	0	2	0
Tulare	2	2	0	7	880	1	180	0
Tuolumne	1	0	0	2	14	0	15	0
Ventura	47	0	0	13	532	4	280	0
Yolo	1	1	0	2	73	1	24	0
Yuba	5	0	0	4	7	0	10	0
Not Reported	0	0	0	0	0	0	0	4,847

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 20

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	\$ 11,203,040,532	\$ 6,075,117,364	\$ 1,120,696,967	\$ 149,082,455	\$ 3,951,425,084	\$853,912,858	\$ 3,833,026,214	\$ 1,690,777,986	\$15,218,207	\$ 1,235,474,421	\$891,555,600
Alameda	436,694,170	249,544,537	43,665,782	6,251,251	170,869,975	28,757,529	153,758,101	90,545,857	478,577	48,178,299	14,555,369
Alpine	215,437	145,582	10,882	850	56,581	77,269	56,104	499	0	12,289	43,316
Amador	8,720,969	3,430,667	421,098	42,715	2,008,236	958,618	4,847,097	3,156,676	1,416	523,414	1,165,591
Butte	119,078,038	74,825,510	6,402,677	2,095,828	47,737,516	18,589,489	38,868,912	20,899,002	216,757	6,009,360	11,743,794
Calaveras	12,536,941	6,974,101	789,592	120,647	4,124,270	1,939,591	4,935,463	2,807,588	775	426,834	1,700,266
Colusa	8,540,133	3,079,313	436,800	77,432	1,858,547	706,534	3,869,225	1,659,413	4,859	562,613	1,642,340
Contra Costa	207,975,686	110,910,631	17,388,607	2,741,952	74,196,143	16,583,929	81,583,317	46,921,068	229,872	18,974,815	15,457,562
Del Norte	17,240,113	12,478,566	686,268	232,148	7,989,960	3,570,190	3,747,255	1,615,061	18,886	387,245	1,726,063
El Dorado	30,887,215	14,205,764	1,722,574	331,357		3,431,500	14,130,334	8,610,406	152,328	1,863,545	3,504,055
Fresno	332,614,496	186,398,437	25,831,907	5,258,010	119,545,135	35,763,384	112,903,452	53,104,288	745,321	25,559,272	33,494,571
Glenn	13,272,386	7,854,639	869,820	118,062	4,461,017	2,405,739	3,837,950	1,488,775	383	723,893	1,624,899
Humboldt	72,976,735	47,296,290	3,978,324	932,412	32,665,168	9,720,386	22,369,139	9,476,544	104,762	4,593,519	8,194,314
Imperial	85,526,626	55,068,196	13,811,228	785,546	24,223,654	16,247,768	24,409,109	7,166,493	69,822	3,164,123	14,008,671
Inyo	8,402,528	3,476,296	546,833	29,051	1,753,649	1,146,762	4,409,515	2,734,841	36,915	411,200	1,226,559
Kern	230,321,431	124,589,133	14,356,003	3,561,107	82,916,914	23,755,109	84,967,794	43,390,405	286,796	17,855,368	23,435,226
Kings	53,085,724	28,281,680	3,316,268	414,054	15,030,554	9,520,803	19,114,302	6,956,776	107,156	2,578,714	9,471,656
Lake	41,803,510	29,162,583	3,346,713	640,906	17,978,437	7,196,527	11,330,734	5,516,302	6,613	1,778,032	4,029,787
Lassen	12,426,004	7,628,381	424,896	51,070	5,040,473	2,111,942	4,277,664	2,688,989	76,859	432,542	1,079,274
Los Angeles	4,102,721,952	2,330,256,588	566,394,177	57,942,776	1,434,024,116	271,895,519	1,229,556,151	522,465,977	4,969,907	410,767,121	291,353,146
Madera	63,205,341	32,910,754	4,184,852	682,011	17,688,201	10,355,689	19,685,742	7,741,654	91,741	3,266,227	8,586,120
Marin	45,438,293	21,396,612	2,672,055	414,470	16,388,834	1,921,254	18,822,093	11,252,866	263,695	5,006,778	2,298,755
Mariposa	6,555,445	2,927,284	393,183	107,087	1,446,810	980,205	3,310,560	1,914,460	218	322,814	1,073,067
Mendocino	49,531,340	30,897,654	3,014,886	589,583	19,400,576	7,892,609	14,205,010	5,987,961	120,670	2,622,495	5,473,884
Merced	102,960,016	61,744,749	7,228,005	1,361,242	31,776,693	21,378,810	33,017,393	12,457,993	231,473	5,030,157	15,297,770
Modoc	8,207,997	3,116,637	501,051	11,189	1,495,687	1,108,709	4,900,787	4,054,739	68,933	320,527	456,589
Mono	2,118,665	550,925	42,201	1,671	283,103	223,950	571,293	23,840	0	208,318	339,135
Monterey	63,973,349	28,538,519	1,131,843	886,311	21,456,193	5,064,172	13,685,694	714,534	28,169	4,106,109	8,836,883
Napa	14,849,655	7,193,118	364,543	10,286	6,531,839	286,451	5,792,180	2,281,309	669	3,105,629	404,573
Nevada	26,285,120	11,476,249	1,142,164	397,453	8,323,032	1,613,599	13,271,025	8,489,805	104,358	2,060,683	2,616,179
Orange	333,835,761	111,733,009	7,035,367	2,901,980	84,443,443	17,352,220	125,228,596	5,357,258	276,439	80,678,162	38,916,738

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FEES ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	57,341,081	26,773,810	2,583,598	606,764	18,394,121	5,189,327	27,082,663	16,748,379	151,181	6,059,276	4,123,828
Plumas	12,052,455	5,629,988	541,169	84,585	3,754,565	1,249,669	6,028,223	4,230,358	5,526	375,486	1,416,854
Riverside	422,319,621	220,061,102	25,747,005	6,044,900	157,411,988	30,857,209	149,973,116	69,175,386	450,699	39,910,711	40,436,321
Sacramento	342,440,031	211,290,279	27,789,780	5,196,541	154,084,819	24,219,139	109,106,182	61,970,787	149,813	33,401,522	13,584,059
San Benito	13,485,314	4,844,166	859,358	27,506	2,460,511	1,496,791	5,985,435	3,469,100	85,210	394,070	2,037,055
San Bernardino	602,849,821	343,451,376	34,348,660	8,536,337	242,031,245	58,535,135	195,703,425	81,086,035	704,431	51,985,966	61,926,993
San Diego	753,120,880	438,121,294	76,433,480	11,729,351	309,858,848	40,099,615	250,193,883	126,009,856	669,897	75,946,087	47,568,043
San Francisco	396,603,430	241,819,927	71,585,900	5,603,038	155,544,713	9,086,276	133,204,443	74,608,942	600,012	47,590,420	10,405,069
San Joaquin	207,436,773	114,894,356	15,395,970	3,516,498	82,752,794	13,229,094	75,710,557	44,671,062	207,008	19,398,314	11,434,173
San Luis Obispo	69,536,591	33,204,707	3,382,030	774,549	22,359,225	6,688,903	31,279,439	15,717,919	54,431	7,458,780	8,048,309
San Mateo	75,831,632	22,360,571	8,223,793	380,616	12,701,241	1,054,921	44,041,858	31,946,353	457,451	8,949,820	2,688,234
Santa Barbara	27,130,814	8,374,639	1,074,545	143,685	4,080,948	3,075,460	7,484,502	474,410	3,185	509,874	6,497,032
Santa Clara	430,696,605	197,193,623	56,091,568	5,380,831	120,902,610	14,818,614	191,957,126	86,910,612	1,330,939	75,896,723	27,818,851
Santa Cruz	25,378,500	11,187,295	1,305,649	426,722	7,879,199	1,575,725	6,097,327	595,897	905	1,054,271	4,446,254
Shasta	105,746,672	64,794,349	5,493,679	929,443	42,865,233	15,505,994	36,131,462	17,119,402	94,016	7,587,695	11,330,349
Sierra	2,428,227	699,570	137,960	2,577	454,230	104,802	1,625,773	1,345,127	99	151,986	128,561
Siskiyou	21,782,616	13,476,995	1,313,529	145,724	8,697,833	3,319,909	7,444,709	4,240,172	5,320	853,242	2,345,975
Solano	11,822,814	5,400,571	672,587	67,736	2,891,690	1,768,557	2,762,461	257,882	2,738	479,174	2,022,667
Sonoma	215,962,360	84,617,009	5,740,979	1,503,785	69,189,814	8,182,432	119,655,059	24,174,516	237,192	82,750,086	12,493,265
Stanislaus	173,476,471	95,295,275	13,427,286	2,664,080	65,742,774	13,461,136	65,138,591	35,406,019	140,661	10,699,066	18,892,846
Sutter	39,619,430	22,349,706	2,778,120	271,033	14,500,866	4,799,687	14,444,307	6,756,858	118,900	1,529,344	6,039,206
Tehama	34,129,061	19,924,377	1,934,904	208,613	11,861,351	5,919,509	11,885,864	6,020,439	81,808	1,458,669	4,324,949
Trinity	8,167,059	4,805,705	419,010	44,514	2,985,120	1,357,060	3,210,591	2,045,615	0	351,515	813,461
Tulare	297,924,009	130,543,527	12,501,986	2,908,661	85,046,736	30,086,143	143,319,099	31,429,287	534,486	84,149,609	27,205,718
Tuolumne	23,720,272	11,242,017	1,120,970	198,470	7,020,041	2,902,536	11,271,008	6,770,751	44,764	1,832,003	2,623,490
Ventura	180,066,752	81,437,795	12,233,710	1,705,715	50,161,607	17,336,763	77,590,665	32,754,860	192,374	16,434,095	28,209,335
Yolo	51,889,929	27,492,281	3,345,321	581,588	16,168,655	7,396,718	20,823,587	10,204,693	199,942	5,155,078	5,263,874
Yuba	36,614,537	25,738,653	2,103,822	408,132	15,187,221	8,039,479	8,412,866	3,155,892	851	1,581,447	3,674,677
Not Reported	51,465,700	0	0	0	0	0	0	0	0	0	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	\$221,587,482	\$61,744,441	\$159,843,041	\$385,299,554	\$4,614,787	\$41,504,124	\$48,650,694	\$378,759,103	\$69,251,439	\$309,507,665
Alameda	7,679,906	2,854,564	4,825,342	8,923,965	298,536	709,111	1,401,343	10,939,563	2,034,335	8,905,227
Alpine	2,528	863	1,665	0	0	795	442	8,980	1,179	7,801
Amador	198,683	105,861	92,822	17,779	0	25,904	12,590	160,297	40,787	119,510
Butte	1,888,315	273,846	1,614,470	371,493	38,779	347,110	252,485	2,048,845	381,070	1,667,775
Calaveras	140,434	11,040	129,395	40,806	0	44,169	33,070	326,718	42,350	284,368
Colusa	159,212	60,209	99,003	240,717	0	99,201	76,968	954,244	352,113	602,131
Contra Costa	2,804,879	782,744	2,022,135	3,259,750	153,915	552,693	663,495	6,319,655	1,113,412	5,206,243
Del Norte	449,332	45,330	404,002	68,834	0	64,108	58,189	286,525	81,622	204,903
El Dorado	480,600	147,833	332,766	473,522	17	216,728	120,088	875,870	91,862	784,008
Fresno	6,691,749	1,639,499	5,052,250	7,984,126	37,459	1,467,256	1,540,134	10,635,937	2,604,100	8,031,837
Glenn	371,117	51,069	320,048	316,210	470	76,617	129,600	561,891	83,516	478,375
Humboldt	1,426,957	266,381	1,160,576	94,058	32,903	212,020	187,530	863,387	114,226	749,161
Imperial	1,754,051	514,551	1,239,500	904,334	31	362,449	301,270	1,808,827	336,776	1,472,050
Inyo	94,758	7,718	87,040	91,342	0	17,714	28,715	231,306	47,470	183,835
Kern	3,238,420	1,028,736	2,209,685	6,291,416	722	1,040,144	857,058	6,656,509	1,480,389	5,176,120
Kings	1,071,529	416,643	654,886	1,053,967	0	200,975	386,171	2,196,415	962,418	1,233,997
Lake	402,081	96,877	305,204	242,287	0	75,815	45,676	445,190	82,333	362,857
Lassen	143,721	21,148	122,573	59,052	21	47,553	27,765	194,470	67,864	126,606
Los Angeles	83,485,674	21,851,631	61,634,043	211,284,139	1,971,273	17,696,554	22,098,802	137,001,204	25,745,328	111,255,875
Madera	2,585,171	248,529	2,336,641	3,949,563	4,620	536,358	618,629	2,347,227	841,685	1,505,541
Marin	779,944	161,969	617,975	2,059,886	41,095	110,390	144,516	1,751,920	373,974	1,377,946
Mariposa	130,434	10,431	120,004	2,757	0	30,893	15,194	125,894	10,644	115,250
Mendocino	1,226,725	123,086	1,103,639	948,009	5,182	224,989	264,944	1,569,468	359,144	1,210,324
Merced	2,604,891	661,288	1,943,604	2,061,738	73	442,598	449,978	2,127,084	329,821	1,797,265
Modoc	40,503	6,689	33,815	37,659	0	14,639	11,041	76,355	13,865	62,490
Mono	129,161	72,722	56,439	186,638	0	26,939	27,499	623,679	253,707	369,972
Monterey	1,061,028	73,427	987,601	8,588,988	4,793	510,489	572,664	7,787,802	1,475,954	6,311,848
Napa	126,368	52,738	73,630	32,292	0	23,681	22,898	1,292,949	69	1,292,881
Nevada	429,986	134,540	295,447	116,265	0	60,616	37,872	783,426	147,579	635,847
Orange	12,251,609	3,092,277	9,159,332	28,579,647	152,542	2,182,750	1,803,332	30,923,245	2,655,223	28,268,021

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	1,011,821	287,347	724,474	456,604	11,043	396,056	86,512	1,233,511	226,453	1,007,058
Plumas	117,648	36,868	80,780	34,531	0	37,999	21,672	163,842	33,081	130,761
Riverside	10,446,107	3,643,111	6,802,996	10,963,292	16,270	1,844,980	2,171,168	19,462,530	4,776,133	14,686,397
Sacramento	6,257,724	2,565,865	3,691,859	4,428,704	615,013	613,662	720,337	7,922,608	1,541,631	6,380,976
San Benito	494,412	137,979	356,433	553,787	0	272,790	61,556	862,637	83,456	779,182
San Bernardino	15,340,943	4,374,038	10,966,906	15,537,875	79,575	2,297,087	2,609,514	18,212,254	5,026,585	13,185,669
San Diego	15,416,945	4,599,062	10,817,883	14,420,633	333,703	1,820,789	2,857,670	20,815,587	3,405,858	17,409,729
San Francisco	3,547,093	1,662,820	1,884,274	6,385,384	190,821	668,554	1,198,828	7,805,800	1,493,891	6,311,909
San Joaquin	2,562,696	731,657	1,831,040	5,307,781	13,535	749,534	609,260	5,494,423	1,048,780	4,445,642
San Luis Obispo	1,340,285	304,754	1,035,531	604,125	739	254,629	238,431	1,967,216	470,676	1,496,540
San Mateo	771,183	480,697	290,486	247,993	8,518	170,521	254,470	6,731,442	256,436	6,475,006
Santa Barbara	457,971	92,442	365,529	3,749,599	4,067	237,777	268,480	5,244,778	115,146	5,129,632
Santa Clara	6,125,755	1,739,474	4,386,281	15,329,817	334,695	862,497	1,354,793	13,363,812	2,528,401	10,835,411
Santa Cruz	796,497	69,188	727,309	1,711,250	361	60,404	69,272	4,114,858	570,929	3,543,929
Shasta	1,643,401	333,805	1,309,596	232,693	21,069	300,777	249,157	2,108,532	380,679	1,727,853
Sierra	38,449	25,901	12,548	0	0	0	295	42,209	6	42,203
Siskiyou	239,873	40,099	199,774	62,200	2,973	136,963	40,694	328,569	55,662	272,907
Solano	142,399	53,549	88,850	71,165	759	72,737	56,693	2,217,761	8,987	2,208,774
Sonoma	2,828,846	801,126	2,027,720	2,600,423	943	290,817	241,767	4,789,358	726,493	4,062,865
Stanislaus	3,389,771	1,017,723	2,372,048	2,675,783	119,618	552,847	634,244	4,669,227	928,951	3,740,275
Sutter	385,902	104,336	281,566	521,723	27,156	276,544	126,678	1,341,787	305,467	1,036,320
Tehama	617,368	75,134	542,234	435,516	0	227,261	105,422	603,209	79,127	524,082
Trinity	35,217	5,103	30,115	3,304	0	18,728	22,515	62,188	5,972	56,216
Tulare	6,586,538	2,127,171	4,459,367	5,130,609	0	802,411	1,130,378	7,324,925	1,282,013	6,042,912
Tuolumne	476,009	123,489	352,520	9,962	83	82,179	43,228	481,706	99,065	382,641
Ventura	4,969,128	1,027,879	3,941,249	4,495,596	3,020	736,875	984,815	7,278,717	1,304,303	5,974,414
Yolo	1,043,027	335,089	707,938	676,241	81,337	141,559	153,312	1,181,191	154,819	1,026,372
Yuba	654,707	134,500	520,207	371,726	7,058	155,893	149,574	1,009,550	217,622	791,928
Not Reported	0	0	0	0	0	0	0	0	0	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
STATEWIDE	\$3,213,682	\$247,461	\$3,841	\$7,898,480	\$101,676,163	\$426,862	\$49,367,093	\$51,465,700
Alameda	5,225	33,228	0	24,066	1,795,644	34,192	1,546,752	0
Alpine	5	0	0	783	57	0	0	0
Amador	474	0	0	275	9,520	0	17,682	0
Butte	12,009	609	0	11,756	118,000	2,008	292,206	0
Calaveras	375	1,518	0	3,406	218	0	36,664	0
Colusa	3,633	0	0	265	22,389	73	34,895	0
Contra Costa	144,558	10,641	0	7,536	958,950	0	605,666	0
Del Norte	2,736	0	0	396	44	0	84,127	0
El Dorado	42,689	153	0	3,294	16,084	0	322,073	0
Fresno	77,167	0	0	6,121	3,022,633	40,332	1,809,692	0
Glenn	3,724	0	0	227	40,994	0	78,949	0
Humboldt	10,407	0	0	9,554	201,073	3,928	269,490	0
Imperial	6,175	0	0	18,181	324,887	1,206	567,909	0
Inyo	1,199	0	0	949	1,273	0	49,462	0
Kern	277,782	6,288	0	31,809	925,334	0	1,439,022	0
Kings	33,741	0	0	1,946	448,544	0	296,453	0
Lake	3,712	0	0	8,359	5,376	0	81,697	0
Lassen	1,811	0	0	3,126	25,197	0	13,863	0
Los Angeles	886,710	6,850	1,863	556,731	56,504,896	16,750	11,369,066	0
Madera	158,405	2,482	0	10,854	205,846	0	189,692	0
Marin	41,578	0	0	8,391	228,395	2,065	51,378	0
Mariposa	75	0	0	71	388	0	11,895	0
Mendocino	33,181	0	0	4,718	5,521	0	145,940	0
Merced	14,572	0	0	4,473	161,416	490	330,560	0
Modoc	2,527	0	0	2,253	2,549	0	3,048	0
Mono	2,234	0	0	8	288	0	0	0
Monterey	348,362	0	0	87,073	1,257,979	4,284	1,525,674	0
Napa	8,938	0	0	24,715	104,605	0	227,911	0
Nevada	2,927	0	0	7,782	1,721	126	97,126	0
Orange	221,586	0	1,951	6,379,309	9,871,077	2,950	4,504,158	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
Placer	41,109	0	0	8,621	36,094	0	203,237	0
Plumas	394	0	0	1,748	12,348	0	4,063	0
Riverside	115,229	22,053	0	28,718	4,398,422	5	2,812,449	0
Sacramento	30	0	0	2,066	720,379	5,466	757,583	0
San Benito	4,787	0	0	1,135	192,714	0	211,895	0
San Bernardino	73,332	84,920	26	47,424	5,598,422	150	3,813,496	0
San Diego	122,646	8,107	0	85,315	5,404,656	14,203	3,505,449	0
San Francisco	41,916	0	0	8,235	917,960	10,173	804,296	0
San Joaquin	180,166	0	0	15,909	861,599	14,728	1,022,229	0
San Luis Obispo	11,792	3,976	0	14,217	267,650	212	349,172	0
San Mateo	642	29,682	0	143,007	273,772	329	797,644	0
Santa Barbara	26,334	0	0	110,250	420,291	816	751,311	0
Santa Clara	23,545	850	0	9,194	2,204,618	218,885	1,713,341	0
Santa Cruz	31,299	6,137	0	45,119	92,750	340	1,165,592	0
Shasta	7,212	0	0	21,159	10,516	0	226,346	0
Sierra	0	0	0	0	707	0	21,224	0
Siskiyou	1,365	0	0	8,511	11,363	0	28,401	0
Solano	6,002	0	0	54,725	611,463	10,718	415,361	0
Sonoma	21,796	0	0	9,189	441,553	0	465,599	0
Stanislaus	4,648	1,433	0	15,209	262,593	3,376	713,857	0
Sutter	20,250	0	0	4,946	46,681	1,249	72,501	0
Tehama	6,956	1,420	0	552	92,649	16,031	212,436	0
Trinity	3,250	0	0	2,531	254	0	2,776	0
Tulare	2,543	12,765	0	4,731	1,643,450	1,307	1,280,384	0
Tuolumne	410	0	0	1,387	22,482	0	89,801	0
Ventura	85,207	3,616	0	30,582	708,456	18,890	1,723,311	0
Yolo	16,462	10,731	0	1,276	152,044	1,362	115,519	0
Yuba	15,844	0	0	4,301	9,377	218	84,768	0
Not Reported	0	0	0	0	0	0	0	51,465,700

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals. Figures in parentheses () indicate negative numbers.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 21

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	1,745,029	524,183	909,216	255,834	35,095	7,774	49,851	35,588	187,936	3,739	70,484
Alameda	61,800	14,782	34,536	9,161	1,244	296	2,026	1,132	5,948	1	3,349
Alpine	67	24	14	4	4	0	0	2	16	0	0
Amador	1,514	391	923	111	57	1	9	25	380	0	99
Butte	21,705	5,438	13,746	1,838	696	1	12	387	6,776	2	789
Calaveras	2,616	719	1,643	248	98	4	49	43	737	0	88
Colusa	1,750	492	967	88	31	0	2	39	433	0	54
Contra Costa	29,670	5,686	14,210	3,908	392	215	510	421	2,579	1	1,742
Del Norte	3,509	716	2,312	124	134	0	2	59	763	0	62
El Dorado	5,660	2,044	3,197	691	160	0	5	129	1,268	1	248
Fresno	69,377	17,353	31,266	11,559	1,060	129	1,358	1,176	8,156	6	2,348
Glenn	2,602	528	1,564	103	80	0	2	56	537	0	51
Humboldt	13,092	3,485	7,994	733	384	1	13	243	3,060	1	333
Imperial	19,786	7,259	11,648	1,660	554	2	18	429	2,753	0	245
Inyo	1,353	353	749	50	26	1	6	29	244	0	71
Kern	44,595	10,117	20,479	8,002	814	381	2,273	559	2,991	2	1,550
Kings	12,644	3,119	7,066	830	405	3	23	243	2,026	1	278
Lake	7,819	2,113	5,030	420	229	1	11	133	1,874	1	212
Lassen	2,377	406	1,429	89	69	0	1	41	469	1	84
Los Angeles	603,127	208,545	317,678	94,575	10,577	3,497	15,375	13,853	51,315	746	25,170
Madera	13,836	5,479	8,477	1,637	252	15	84	292	1,832	1	344
Marin	6,125	1,603	3,666	628	66	2	18	123	819	0	452
Mariposa	1,085	227	630	97	28	6	38	13	209	0	41
Mendocino	9,298	1,716	4,868	405	193	1	9	173	2,044	0	258
Merced	26,239	9,183	15,611	2,596	580	165	1,625	300	2,393	3	501
Modoc	1,125	200	659	21	55	0	1	18	220	0	75
Mono	353	60	131	8	6	0	1	12	62	0	1
Monterey	13,677	3,207	3,703	2,319	112	177	1,408	216	1,090	1	61
Napa	1,386	196	450	354	6	0	0	25	58	53	65
Nevada	3,775	1,352	2,286	352	93	0	2	88	810	1	261
Orange	52,477	15,453	11,620	15,132	63	6	14	1,718	3,924	822	362

TABLE 21 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	8,439	3,016	5,178	900	263	1	8	162	1,095	1	654
Plumas	1,626	241	989	22	78	0	1	36	420	0	103
Riverside	64,979	23,115	33,296	10,634	1,483	353	2,406	1,624	6,871	3	2,812
Sacramento	56,935	18,915	33,184	4,226	1,238	9	60	1,135	7,020	3	2,517
San Benito	2,518	776	1,431	181	59	3	30	57	498	0	75
San Bernardino	90,822	32,250	45,816	15,432	2,331	476	4,073	2,111	10,165	9	3,631
San Diego	108,907	33,089	59,261	16,899	2,265	7	49	2,590	11,895	3	5,420
San Francisco	51,871	11,003	33,592	6,010	1,171	463	3,230	504	5,576	2	2,285
San Joaquin	34,810	9,508	18,948	5,722	792	280	2,119	471	3,661	3	1,845
San Luis Obispo	12,453	3,769	7,251	930	388	48	1,610	180	2,042	1	609
San Mateo	5,336	574	249	1,765	1	2	48	122	252	3	1,269
Santa Barbara	7,615	846	470	2,497	20	1	6	189	199	2	9
Santa Clara	55,498	11,114	30,676	7,602	1,007	635	3,429	576	3,086	412	3,189
Santa Cruz	4,492	610	985	1,246	4	2	6	132	457	0	11
Shasta	18,315	5,618	11,843	1,530	610	1	18	331	3,235	0	652
Sierra	206	28	126	4	7	0	1	4	37	0	31
Siskiyou	4,572	1,072	2,925	425	145	0	3	73	953	0	130
Solano	4,415	431	271	2,046	1	1	3	58	202	3	1
Sonoma	18,511	4,744	10,508	1,433	394	1	13	385	3,793	835	1,022
Stanislaus	33,350	8,865	18,885	4,560	955	9	92	645	3,069	1	1,263
Sutter	7,521	2,286	4,531	839	182	0	3	157	1,238	1	233
Tehama	6,346	1,693	3,951	318	183	0	4	123	1,172	1	197
Trinity	1,301	380	859	109	42	9	151	15	94	0	37
Tulare	44,418	10,143	20,696	4,518	1,173	12	63	824	5,592	775	1,190
Tuolumne	4,014	851	2,474	349	118	26	640	38	705	3	148
Ventura	36,763	9,641	20,581	3,394	1,117	306	6,734	487	4,459	12	1,254
Yolo	11,336	4,299	6,311	1,383	343	0	6	188	2,835	2	446
Yuba	8,376	2,397	5,131	770	223	0	4	159	1,385	0	118
Not Reported	4,847	667	252	2,353	40	225	144	236	147	20	145

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

This table reflects only FFS provider payments. Therefore data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 22

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	11,203,040,532	774,042,669	2,592,877,520	548,365,345	26,559,934	526,816,826	70,686,535	1,888,913,591	229,937,527	481,499,332	2,610,399,792
Alameda	436,694,170	19,381,395	102,683,029	16,966,562	962,150	26,536,535	2,381,254	70,296,047	6,568,103	149,607	132,584,942
Alpine	215,437	25,040	36,484	7,347	3,359	0	0	56,221	12,962	0	0
Amador	8,720,969	462,877	1,992,666	257,308	33,855	28,107	10,221	1,057,199	351,058	0	3,387,566
Butte	119,078,038	5,815,629	35,311,191	3,534,834	499,120	50,988	13,703	21,853,887	6,642,006	302,557	25,223,574
Calaveras	12,536,941	833,286	3,423,861	482,809	66,989	108,223	59,184	2,418,168	668,106	0	2,827,938
Colusa	8,540,133	667,188	1,921,771	169,113	20,506	1,676	3,018	2,165,391	449,240	0	1,744,955
Contra Costa	207,975,686	7,805,574	39,785,749	7,349,968	272,055	10,680,900	678,369	32,795,583	3,322,960	141,650	63,552,761
Del Norte	17,240,113	764,517	6,120,672	255,738	91,676	0	2,100	3,475,413	1,079,401	0	1,786,900
El Dorado	30,887,215	2,302,308	7,178,827	1,143,813	119,110	116,726	3,960	6,796,093	1,329,165	136,270	8,837,909
Fresno	332,614,496	22,469,522	77,756,697	24,450,040	736,822	7,432,362	1,476,164	62,711,663	9,050,728	459,280	85,035,771
Glenn	13,272,386	675,378	3,563,009	236,841	59,999	0	1,931	3,106,173	513,774	0	1,641,053
Humboldt	72,976,735	4,742,071	22,996,948	1,179,677	284,970	87,413	11,885	16,051,795	3,289,586	85,999	11,109,540
Imperial	85,526,626	8,394,644	28,111,641	4,578,276	398,448	127,324	20,064	19,618,532	2,950,109	0	8,594,052
Inyo	8,402,528	412,554	1,566,150	109,609	18,320	54,309	7,625	1,602,038	258,331	0	2,689,200
Kern	230,321,431	13,885,816	54,860,620	15,989,503	578,102	19,629,527	2,876,059	28,337,683	3,222,124	445,057	59,773,753
Kings	53,085,724	4,080,329	13,541,229	1,726,493	315,845	106,855	23,755	11,356,436	1,944,002	136,326	9,275,174
Lake	41,803,510	2,426,479	12,140,614	883,942	160,796	117,095	13,997	9,046,177	1,879,081	160,978	6,550,752
Lassen	12,426,004	428,148	3,924,363	150,398	44,315	1,490	996	1,750,434	486,886	16,741	3,334,606
Los Angeles	4,102,721,952	345,564,527	982,943,716	221,352,250	8,119,085	246,653,872	32,281,170	692,685,803	71,034,450	106,784,324	866,562,412
Madera	63,205,341	6,066,324	15,923,034	3,332,976	160,794	653,744	79,233	14,927,658	1,706,708	117,351	12,248,237
Marin	45,438,293	1,825,224	13,028,415	983,782	49,658	217,010	23,621	6,215,543	871,838	2,821	16,393,698
Mariposa	6,555,445	318,757	1,413,753	197,441	18,305	156,984	42,350	990,865	225,200	0	1,964,531
Mendocino	49,531,340	2,404,214	11,903,737	671,653	150,187	332,700	10,968	9,807,286	2,469,664	34,932	8,263,427
Merced	102,960,016	9,480,211	29,300,567	5,519,602	432,241	5,522,506	1,300,632	14,610,745	2,445,079	451,922	16,848,209
Modoc	8,207,997	215,647	1,354,698	59,911	32,550	4,180	605	688,392	261,357	32,878	4,450,648
Mono	2,118,665	96,937	346,651	16,863	4,172	0	447	1,061,793	55,366	0	10,379
Monterey	63,973,349	5,405,835	11,787,189	4,789,686	73,770	8,137,673	958,414	18,375,530	1,141,790	51,356	2,129,594
Napa	14,849,655	420,360	1,514,683	627,679	4,115	3,700	353	1,602,037	47,341	7,235,971	2,714,348
Nevada	26,285,120	1,269,699	6,561,641	555,210	68,751	27,948	1,591	4,416,297	912,027	141,711	9,613,644
Orange	333,835,761	33,706,680	29,596,896	33,461,746	43,238	397,093	26,382	77,685,078	4,745,957	105,612,854	10,580,670

TABLE 22 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2000
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	57,341,081	3,592,494	13,289,380	1,605,920	185,734	44,406	6,576	9,500,908	1,391,523	104,210	20,768,263
Plumas	12,052,455	317,388	2,367,562	47,260	76,722	0	408	1,956,619	505,851	0	4,376,856
Riverside	422,319,621	35,160,682	98,485,154	23,188,730	1,126,569	19,651,761	2,530,469	81,503,305	8,160,474	470,047	106,568,727
Sacramento	342,440,031	24,984,408	91,518,820	8,861,989	980,071	347,377	60,383	68,536,631	9,421,573	481,639	89,528,588
San Benito	13,485,314	998,687	2,434,187	371,669	49,479	626,271	53,697	2,837,331	441,469	0	3,827,426
San Bernardino	602,849,821	49,678,782	120,107,457	34,899,205	1,799,524	41,424,956	4,199,260	126,961,088	12,183,236	1,214,711	147,281,069
San Diego	753,120,880	46,836,632	213,605,626	34,202,960	1,788,420	489,504	66,102	138,071,190	16,905,726	410,049	203,706,547
San Francisco	396,603,430	12,562,105	116,404,786	11,099,325	944,018	28,582,107	3,574,857	29,913,699	7,186,185	236,248	136,035,780
San Joaquin	207,436,773	12,235,002	46,032,891	11,456,892	587,961	15,746,917	2,470,511	23,253,521	4,144,128	323,801	67,474,280
San Luis Obispo	69,536,591	4,517,709	19,456,322	1,537,706	273,892	1,533,466	1,600,960	8,918,508	2,370,441	146,860	21,472,217
San Mateo	75,831,632	1,590,272	122,045	3,272,479	321	88,724	57,018	5,898,373	245,752	328,950	56,818,017
Santa Barbara	27,130,814	2,472,077	426,411	4,830,559	16,686	53,538	5,118	6,825,034	159,933	228,244	436,938
Santa Clara	430,696,605	11,484,155	80,618,565	15,035,637	778,452	54,565,857	5,949,832	31,686,664	3,699,852	54,109,410	125,670,128
Santa Cruz	25,378,500	1,656,139	3,959,680	2,034,307	2,730	107,301	6,138	8,951,200	413,891	0	431,156
Shasta	105,746,672	6,486,640	30,504,049	3,142,254	456,542	24,747	19,822	21,992,460	4,139,954	2,376	22,685,008
Sierra	2,428,227	48,690	304,676	8,736	6,177	17,576	786	164,826	38,701	37,180	1,564,930
Siskiyou	21,782,616	1,241,279	6,185,514	779,554	110,201	0	3,666	3,977,513	1,110,049	0	4,923,868
Solano	11,822,814	765,115	920,678	4,107,531	1,076	42,609	6,956	2,796,308	299,682	396,460	14,838
Sonoma	215,962,360	5,642,877	29,053,422	2,829,131	306,283	61,627	16,038	27,813,818	3,926,425	96,071,659	34,744,632
Stanislaus	173,476,471	11,301,671	46,458,627	9,797,566	664,126	701,891	100,248	33,376,331	4,325,934	171,074	44,958,193
Sutter	39,619,430	2,776,970	13,231,719	1,611,316	116,823	903	2,494	7,896,629	1,308,329	152,899	7,647,430
Tehama	34,129,061	2,035,132	10,069,476	697,791	145,220	31,490	3,160	6,246,053	1,391,514	121,054	5,856,247
Trinity	8,167,059	449,132	2,452,464	213,609	33,212	414,307	129,003	1,376,782	159,669	0	2,010,649
Tulare	297,924,009	11,858,532	43,786,164	9,614,215	867,418	1,016,602	72,198	42,753,652	5,354,260	103,612,967	43,352,158
Tuolumne	23,720,272	1,018,084	5,803,225	669,314	77,352	693,914	738,711	2,149,828	777,396	214,975	7,509,744
Ventura	180,066,752	11,180,776	45,813,635	7,076,214	885,974	14,755,389	6,328,740	20,914,051	4,595,586	1,543,220	45,920,920
Yolo	51,889,929	4,162,195	12,072,146	2,860,367	277,999	17,338	5,244	9,115,663	2,781,998	320,350	14,911,952
Yuba	36,614,537	2,918,165	11,787,052	1,426,363	155,001	18,751	3,474	8,470,761	1,502,033	3,117	4,036,572
Not Reported	51,465,700	1,723,707	3,015,291	45,677	22,649	18,570,556	364,615	17,492,885	1,061,562	(1,702,753)	6,136,415

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

This table reflects only FFS provider payments. Therefore data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 23A
MEDI-CAL PROGRAM
NUMBER OF INPATIENT HOSPITALS, LONG TERM CARE FACILITIES, AND
PHYSICIANS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2000

COUNTY OF PROVIDER	INPATIENT HOSPITALS	LONG TERM CARE FACILITIES	PHYSICIANS AND PHYSICIAN GROUPS BY SPECIALTY					
			GENERAL/FAMILY PRACTICE		INTERNAL MEDICINE	OB-GYN	PEDIATRIC	ALL OTHER
STATEWIDE	832	2,270	22,334	4,257	3,025	1,646	1,256	12,150
Alameda	15	109	814	135	155	58	53	413
Alpine	0	0	1	1	0	0	0	0
Amador	1	2	29	11	4	3	1	10
Butte	4	23	195	45	24	16	15	95
Calaveras	1	2	19	10	2	2	0	5
Colusa	1	1	3	0	0	0	0	3
Contra Costa	10	54	401	69	66	24	23	219
Del Norte	1	1	31	8	4	6	1	12
El Dorado	2	4	84	30	4	7	1	42
Fresno	13	86	474	93	70	47	37	227
Glenn	1	2	5	5	0	0	0	0
Humboldt	5	9	145	43	14	10	8	70
Imperial	2	6	74	12	7	9	8	38
Inyo	2	2	26	6	6	2	1	11
Kern	12	54	400	79	53	38	23	207
Kings	3	9	54	19	3	2	3	27
Lake	2	5	31	14	2	1	1	13
Lassen	1	2	13	6	1	1	2	3
Los Angeles	116	682	7,099	1,477	1,060	514	400	3,648
Madera	3	15	55	10	6	6	6	27
Marin	5	21	199	36	27	14	8	114
Mariposa	1	2	5	4	1	0	0	0
Mendocino	3	11	79	10	9	10	2	48
Merced	4	19	118	30	16	6	7	59
Modoc	2	2	5	4	0	1	0	0
Mono	1	0	5	0	0	0	0	5
Monterey	4	14	232	51	23	20	12	126
Napa	3	10	129	20	19	4	4	82
Nevada	2	9	70	16	9	8	1	36
Orange	37	92	1,892	316	218	183	89	1,086
Placer	3	17	121	26	8	5	5	77
Plumas	4	4	21	13	2	0	0	6
Riverside	20	122	770	172	120	64	50	364
Sacramento	12	54	543	115	59	53	40	276
San Benito	1	2	27	10	2	3	3	9
San Bernardino	23	152	725	175	100	58	56	336
San Diego	28	162	1,629	292	212	112	68	945
San Francisco	13	24	795	93	166	48	48	440
San Joaquin	8	54	407	75	37	18	18	259
San Luis Obispo	5	22	171	31	24	8	10	98
San Mateo	5	41	266	33	47	25	11	150
Santa Barbara	8	19	228	26	26	22	20	134
Santa Clara	13	85	840	135	138	71	71	425
Santa Cruz	3	11	153	28	12	12	12	89
Shasta	5	29	198	56	20	10	10	102
Sierra	1	1	0	0	0	0	0	0
Siskiyou	2	4	40	9	7	1	2	21
Solano	6	20	89	20	14	6	4	45
Sonoma	9	46	348	92	36	19	12	189
Stanislaus	6	24	320	76	32	23	19	170
Sutter	1	8	75	14	6	8	12	35
Tehama	1	4	38	11	5	4	0	18
Trinity	1	2	5	4	0	0	0	1
Tulare	6	47	237	60	35	18	19	105
Tuolumne	2	3	33	6	3	3	0	21
Ventura	10	48	467	83	62	38	30	254
Yolo	2	13	24	4	1	2	0	17
Yuba	1	2	20	4	3	0	0	13
Out of State/ Not Reported	376	2	1,057	34	45	23	30	925

Note: This table reflects only Fee-For-Service provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims.

TABLE 23B

MEDI-CAL PROVIDERS PER 1,000 FEE-FOR-SERVICE ELIGIBLES
CALENDAR YEARS 1998, 1999 AND 2000

PROVIDERS	CALENDAR YEAR		
	1998	1999	2000
TOTAL PHYSICIANS	7.8	9.4	8.8
General Practice	1.4	1.8	1.7
OB-GYN	0.6	0.7	0.6
Internal Medicine	1.0	1.2	1.2
Pediatric	0.5	0.5	0.5
All Other	4.4	5.2	4.8
Hospitals	0.2	0.3	0.3
Acupuncturists	0.3	0.3	0.3
Chiropractors	0.2	0.2	0.1
Dentists	3.3	3.5	3.4
Optometrists	0.8	0.8	0.7
Organized Outpatient Clinics	0.2	0.1	0.2
Pharmacies	2.9	2.4	2.2
Podiatrists	0.4	0.4	0.4
Psychologists	0.6	0.3	N/A

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Years 1998-2000. State of California, Department of Health Services, Medi-Cal Provider Month of Service Files, April-June 1998-2000, and Medi-Cal Program Hospital Expenditures, April-June 1998-2000. State of California, Department of Health Services, Report on Provider Participation in the Medicaid Program, Calendar Years 1998-2000.

TABLE 24
MEDI-CAL PROGRAM
NUMBER OF SELECTED PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2000

COUNTY OF PROVIDER	ACUPUNC- TURISTS	CHIRO- PRACTORS	DENTISTS	OPTOM- ETRISTS	ORGANIZED OUTPATIENT CLINICS	PHARMACIES/ PHARMACISTS	PODIATRISTS
STATEWIDE	721	353	8,633	1,816	384	5,531	991
Alameda	59	5	367	79	10	216	49
Alpine	0	0	0	0	0	0	0
Amador	0	3	7	6	0	8	1
Butte	2	3	66	24	4	41	9
Calaveras	0	1	4	3	0	6	1
Colusa	0	0	3	1	1	3	0
Contra Costa	3	6	170	40	14	144	22
Del Norte	0	4	6	3	1	6	1
El Dorado	0	2	27	10	1	20	3
Fresno	3	27	225	50	8	154	26
Glenn	0	3	2	1	0	4	0
Humboldt	3	8	46	15	3	29	5
Imperial	0	0	17	9	4	18	5
Inyo	0	1	5	3	1	4	1
Kern	0	14	98	33	4	115	9
Kings	0	1	19	11	2	15	3
Lake	2	5	7	6	0	15	2
Lassen	0	1	5	3	0	7	2
Los Angeles	364	51	3,032	456	108	1,645	346
Madera	0	5	25	4	2	21	2
Marin	3	0	49	7	10	33	10
Mariposa	0	0	2	1	0	2	0
Mendocino	3	2	24	8	1	19	5
Merced	1	6	48	15	2	29	2
Modoc	0	0	2	1	0	3	0
Mono	0	0	1	1	0	2	0
Monterey	2	3	97	21	6	56	12
Napa	1	0	20	5	3	18	3
Nevada	1	2	25	9	1	18	2
Orange	25	6	784	99	22	488	82
Placer	3	5	63	31	2	49	5
Plumas	1	1	3	4	1	7	0
Riverside	3	13	279	71	7	218	20
Sacramento	21	20	219	76	18	199	31
San Benito	0	0	16	2	0	7	0
San Bernardino	8	21	359	84	9	238	30
San Diego	29	28	554	143	28	403	68
San Francisco	92	2	269	59	15	142	50
San Joaquin	7	18	145	40	5	117	19
San Luis Obispo	3	5	56	28	3	55	11
San Mateo	4	1	165	14	6	95	17
Santa Barbara	2	3	80	23	8	60	7
Santa Clara	58	2	486	82	22	248	36
Santa Cruz	3	0	64	5	4	37	6
Shasta	2	7	55	25	3	43	5
Sierra	0	0	0	0	0	1	0
Siskiyou	0	2	15	3	2	13	1
Solano	1	1	63	17	6	42	13
Sonoma	7	14	103	38	9	70	16
Stanislaus	1	20	112	35	13	80	9
Sutter	0	5	29	9	3	9	0
Tehama	0	1	12	5	1	10	1
Trinity	0	0	2	0	0	5	0
Tulare	0	9	76	29	1	57	9
Tuolumne	0	1	14	7	1	13	2
Ventura	4	10	157	44	4	130	25
Yolo	0	4	35	13	3	22	5
Yuba	0	1	3	3	2	7	1
Out of State/ Not Reported	0	0	16	2	0	15	1

Note: This table reflects only fee-for-service payments. Therefore, Data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental paid claims.

TABLE 25

MEDI-CAL PROGRAM
COUNTY POPULATION, MEDI-CAL ELIGIBLES, AND
MEDI-CAL ELIGIBLES AS A PERCENT OF POPULATION
CALENDAR YEAR 2000

(COHS, HCPs, AND FFS)

COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION	COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION
STATEWIDE	34,480,000	5,110,015	14.8				
Alameda	1,466,900	188,445	12.8	Placer	251,800	24,794	9.8
Alpine	1,220	187	15.3	Plumas	21,000	2,563	12.2
Amador	35,450	2,510	7.1	Riverside	1,577,700	196,498	12.5
Butte	205,400	38,604	18.8	Sacramento	1,242,000	237,587	19.1
Calaveras	41,000	4,977	12.1	San Benito	54,500	4,911	9.0
Colusa	19,150	3,306	17.3	San Bernardino	1,742,300	269,996	15.5
Contra Costa	963,000	84,881	8.8	San Diego	2,856,300	294,297	10.3
Del Norte	28,250	6,122	21.7	San Francisco	787,500	108,345	13.8
El Dorado	158,300	10,149	6.4	San Joaquin	573,600	106,816	18.6
Fresno	816,400	209,907	25.7	San Luis Obispo	249,900	21,955	8.8
Glenn	26,900	4,877	18.1	San Mateo	717,900	41,354	5.8
Humboldt	127,700	21,752	17.0	Santa Barbara	406,100	46,252	11.4
Imperial	149,000	37,189	25.0	Santa Clara	1,709,500	145,668	8.5
Inyo	18,200	2,369	13.0	Santa Cruz	259,300	23,432	9.0
Kern	678,500	137,193	20.2	Shasta	165,000	30,846	18.7
Kings	134,500	22,208	16.5	Sierra	3,610	337	9.3
Lake	59,100	12,634	21.4	Siskiyou	44,750	8,232	18.4
Lassen	35,600	4,173	11.7	Solano	400,300	41,576	10.4
Los Angeles	9,716,100	1,906,907	19.6	Sonoma	464,800	56,472	12.1
Madera	127,700	25,942	20.3	Stanislaus	454,600	84,742	18.6
Marin	250,100	10,847	4.3	Sutter	80,200	13,665	17.0
Mariposa	17,300	1,821	10.5	Tehama	56,700	10,469	18.5
Mendocino	87,400	15,370	17.6	Trinity	13,100	2,183	16.7
Merced	214,400	55,547	25.9	Tulare	375,100	97,736	26.1
Modoc	9,550	2,011	21.1	Tuolumne	55,200	6,364	11.5
Mono	13,150	714	5.4	Ventura	765,300	69,303	9.1
Monterey	408,700	51,567	12.6	Yolo	170,900	22,906	13.4
Napa	125,800	8,251	6.6	Yuba	60,800	15,521	25.5
Nevada	93,000	6,297	6.8				
Orange	2,893,100	248,438	8.6				

/1/ State of California, Department of Finance, Population Estimate as of July 1, 2000.

/2/ Average Monthly Eligibles.

COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Note: These figures do not include capitation adjustments.

Figures are rounded independently and may not add to totals.

These figures may disagree with previously published figures.

Source: State of California, Department of Finance, County Population Estimates and Tables 14A, 15, and 18.

TABLE 26
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY AND RACE/ETHNICITY
OCTOBER 2000
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY					
		AMERICAN INDIAN/ALASKAN NATIVE	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	NOT REPORTED
STATEWIDE	5,070,823	19,497	387,436	669,082	2,093,996	1,348,646	552,166
Alameda	185,349	534	26,596	68,685	31,026	33,918	24,590
Alpine	181	96	0	3	1	60	21
Amador	2,490	26	14	13	132	2,163	142
Butte	38,160	560	3,414	1,150	4,176	25,927	2,933
Calaveras	4,951	44	29	45	188	4,390	255
Colusa	3,143	57	35	15	1,695	1,083	258
Contra Costa	84,467	126	6,418	23,191	18,667	26,822	9,243
Del Norte	6,090	472	386	32	456	4,259	485
El Dorado	10,056	59	138	77	1,447	7,672	663
Fresno	212,630	627	25,958	19,326	106,261	39,331	21,127
Glenn	4,757	107	455	28	1,381	2,347	439
Humboldt	21,643	1,615	835	364	858	16,343	1,628
Imperial	37,756	282	95	736	25,713	5,457	5,473
Inyo	2,328	362	17	17	418	1,331	183
Kern	136,710	345	2,316	14,532	63,639	44,012	11,866
Kings	21,914	64	373	1,861	11,885	5,688	2,043
Lake	12,503	330	132	507	995	9,707	832
Lassen	4,095	241	28	93	324	3,175	234
Los Angeles	1,901,157	2,507	114,979	295,450	980,599	334,265	173,357
Madera	24,739	178	196	1,070	14,337	6,871	2,087
Marin	10,905	22	614	1,037	2,928	5,206	1,098
Mariposa	1,766	55	5	8	51	1,567	80
Mendocino	14,960	1,035	120	167	2,706	9,719	1,213
Merced	55,591	148	4,233	3,560	26,365	13,767	7,518
Modoc	1,960	126	5	4	219	1,502	104
Mono	674	56	7	4	196	370	41
Monterey	50,219	87	1,532	1,865	31,920	9,159	5,656
Napa	8,583	20	112	158	3,279	4,286	728
Nevada	6,081	45	40	27	294	5,251	424
Orange	254,395	194	36,730	5,812	114,030	59,755	37,874
Placer	14,472	147	187	271	1,903	10,709	1,255
Plumas	2,558	77	4	61	116	2,125	175
Riverside	196,010	966	4,708	23,295	81,376	66,501	19,164
Sacramento	238,770	1,101	36,186	48,729	35,005	95,298	22,451
San Benito	4,640	17	39	47	2,999	1,020	518
San Bernardino	273,133	1,432	8,875	44,183	106,136	88,053	24,454
San Diego	289,749	1,238	19,740	39,072	98,807	90,500	40,392
San Francisco	109,166	119	20,553	22,658	14,861	22,716	28,259
San Joaquin	105,507	408	17,223	13,772	30,261	29,677	14,166
San Luis Obispo	22,081	65	354	540	6,064	13,361	1,697
San Mateo	41,573	24	3,844	3,835	16,066	9,725	8,079
Santa Barbara	46,517	203	951	1,701	26,206	12,782	4,674
Santa Clara	144,472	300	27,577	5,939	53,950	26,829	29,877
Santa Cruz	23,554	42	315	391	11,304	8,988	2,514
Shasta	30,609	738	1,249	517	1,024	24,825	2,256
Sierra	317	0	0	10	17	269	21
Siskiyou	8,097	272	230	163	527	6,248	657
Solano	41,130	149	3,472	12,774	7,588	12,500	4,647
Sonoma	32,872	497	1,056	1,221	8,333	18,468	3,297
Stanislaus	85,896	189	4,790	3,781	31,022	37,722	8,392
Sutter	13,276	82	1,047	286	4,005	6,390	1,466
Tehama	10,323	147	63	112	1,781	7,571	649
Trinity	2,143	37	10	6	25	1,937	128
Tulare	98,049	244	3,592	2,521	57,777	25,445	8,470
Tuolumne	6,247	95	53	47	217	5,443	392
Ventura	72,224	191	1,568	1,953	40,953	19,529	8,030
Yolo	22,134	143	1,569	871	7,555	9,801	2,195
Yuba	15,051	154	2,369	489	1,932	8,811	1,296

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.
Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/23/2001.

TABLE 27
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS BY PROVIDER TYPE AND STATUS
CALIFORNIA, AS OF DECEMBER 31, 2000

PROVIDER TYPE	TOTAL	ACTIVE STATUS	INACTIVE STATUS	PENDING STATUS	DECEASED STATUS	REJECTED STATUS	SUSPENDED STATUS	INDIRECT STATUS	CONTRACT STATUS
TOTAL/1/	399,161	71,508	260,726	309	3,781	2	3,076	59,503	256
Adult Day Care Centers	237	188	48	0	0	0	1	0	0
Assistive Device and Sick Room Supplier	5,375	829	4,408	1	5	0	130	2	0
Audiologists	1,386	388	756	1	0	0	4	237	0
Blood Banks	20	9	11	0	0	0	0	0	0
Certified Nurse Midwife	392	120	163	0	0	0	3	106	0
Chiropractors	9,460	786	8,135	2	289	0	111	137	0
Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	310	71	153	2	0	0	0	84	0
Christian Science Practitioners	2	2	0	0	0	0	0	0	0
Clinical Laboratories	4,081	661	3,391	3	2	0	23	1	0
Fabricating Optical Laboratory	15	5	3	0	0	0	7	0	0
Dispensing Opticians	2,251	396	1,845	0	5	0	3	2	0
Hearing Aid Dispensers	1,698	310	1,248	1	4	0	31	104	0
Home Health Agencies	2,297	584	1,711	0	0	0	2	0	0
Community Hospital Outpatient Departments	9,988	1,599	8,362	11	0	0	16	0	0
Community Hospital Inpatient	11,899	2,106	9,511	31	0	0	15	0	236
Long Term Care	11,900	2,552	9,279	0	0	0	69	0	0
Nurse Anesthetists	844	114	497	2	2	0	4	225	0
Occupational Therapists	1,402	115	961	0	2	0	0	324	0
Optometrists	7,747	2,314	4,502	2	132	0	20	777	0
Orthotists	238	32	94	1	0	0	2	109	0
Physicians Group	23,855	7,807	15,918	12	15	0	102	1	0
Optometric Group	301	217	82	0	0	0	0	2	0
Pharmacies/Pharmacist	24,899	5,362	19,439	1	3	0	94	0	0
Physical Therapists	7,229	282	6,225	4	109	0	7	602	0
Physicians	185,412	27,149	98,080	138	3,074	2	2,044	54,925	0
Podiatrists	4,897	1,505	2,981	2	71	0	124	214	0
Portable X-Ray Laboratory	231	32	189	0	2	0	8	0	0
Prosthetists	570	202	195	1	0	0	3	169	0
Ground Medical Transportation	3,573	644	2,904	2	2	0	21	0	0
Psychologists	13,956	1,823	11,107	3	46	0	129	848	0
Certified Acupuncturist	2,787	1,067	1,626	5	7	0	17	65	0
Genetic Disease Testing	2	2	0	0	0	0	0	0	0
P.L. 95-210 Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	837	594	236	5	0	0	2	0	0
Speech Therapists	2,596	247	1,771	2	5	0	2	569	0
Air Ambulance Transportation Services	122	65	56	1	0	0	0	0	0
Certified Hospice Service Per AB 4249	330	185	145	0	0	0	0	0	0
Free Clinics	27	7	20	0	0	0	0	0	0
Community Clinics	1,475	390	1,080	1	0	0	4	0	0
Chronic Dialysis Clinics	784	356	427	1	0	0	0	0	0
Multispecialty Clinics	3	1	2	0	0	0	0	0	0
Surgical Clinics	395	227	168	0	0	0	0	0	0
Exempt from Licensure Clinics	104	37	66	1	0	0	0	0	0
Rehabilitation Clinics	160	107	53	0	0	0	0	0	0
County Clinics Not Associated with Hospital	138	51	87	0	0	0	0	0	0
Birthing Centers - Primary Care Clinics	1	0	1	0	0	0	0	0	0
Clinic - Otherwise Undesignated	389	0	389	0	0	0	0	0	0
Outpatient Heroin Detoxification Center	73	41	32	0	0	0	0	0	0
Alternative Birth Centers - Specialty Clinics	14	10	4	0	0	0	0	0	0
Breast Cancer Early Detection Program	435	238	195	1	0	0	1	0	0
Expanded Access to Primary Care Clinics	375	260	115	0	0	0	0	0	0
Local Education Agency	481	457	21	3	0	0	0	0	0
Health Access Program	410	368	42	0	0	0	0	0	0
County Hospital Inpatient	672	73	579	0	0	0	0	0	20
County Hospital Outpatient	207	74	132	1	0	0	0	0	0
Pediatric Subacute Care-LTC	17	16	1	0	0	0	0	0	0
Mental Health Inpatient	301	183	114	4	0	0	0	0	0
AIDS Waiver Provider	63	38	25	0	0	0	0	0	0
California Children's Service/Genetically Handicapped Person Program - Non-Institutional	42,090	7,883	34,061	63	6	0	77	0	0
California Children's Service/Genetically Handicapped Person Program - Institutional	761	327	433	1	0	0	0	0	0
Out of State	6,647	0	6,647	0	0	0	0	0	0

/1/ Includes California, Out of State, and Out of Country.

Source: State of Calif., Department of Health Services, Payment Systems Division, Provider Master File Unit, Medi-Cal Management Information System (MMIS), Run Date 12/31/00.

SECTION 8

HISTORICAL MEDICAL PROGRAM TRENDS

MEDI-CAL ELIGIBLES - TABLE 28

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

The Medi-Cal eligible population averaged 5.1 million persons per month in 2000. This reflects an increase of 89,667 or 1.8 percent from 1999 and an increase of 732,388 million or 16.7 percent from 1991.

Public Assistance Fee-for-Service (FFS) eligibles averaged 1.4 million persons per month in 2000, a decrease of 59.3 percent from 1991.

Medically Needy (FFS) eligibles averaged 661,256 persons per month in 2000, an increase of 51.6 percent from 1999. The increase is due to the expansion of 1931(b), which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increased the 1931(b) income limit to 100% of poverty.

Medically Indigent (MI) (FFS) eligibles averaged 77,325 persons per month in 2000, a 35.7 percent decrease from 1999.

The MI/MN Not Qualified Aliens (FFS) program averaged 154,228 persons per month in 2000, a decrease of 30.3 percent from the previous year.

The Refugee/Entrant (FFS) program averaged 1,261 persons per month in 2000, an increase of 6.0 percent from 1999.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs averaged 236,291 persons per month in 2000, compared to 274,998 in 1999.

The 60-Day Postpartum (FFS) program averaged 1,154 persons per month in 2000, a difference of 161 eligibles from the previous year.

The Dialysis and Total Parenteral Nutrition (FFS) programs are small, with an average of 46 eligibles per month in 2000, compared to 49 in 1999.

The Qualified Medicare Beneficiary only (FFS) program averaged 5,983 eligibles per month in 2000, an increase of 8.7 percent from 1999.

Data for the Presumptive Eligibility for Pregnant Women (FFS) program are not available.

The Medi-Cal Tuberculosis (FFS) program averaged 505 eligibles per month in 2000, a decrease of 6.1 percent from 1999.

The Minor Consent (FFS) program averaged 9,138 eligibles in 2000, a decrease of 3.2 percent from 1999.

TABLE 28
MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEARS 1991-2000
(COHS, HCPs, AND FFS)

PROGRAM	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
TOTAL	4,377,669	4,853,284	5,204,359	5,390,717	5,421,262	5,378,706	5,146,850	4,957,866	5,020,390	5,110,057
County Organized Health Systems (COHS)	65,149	71,988	80,671	118,078	183,884	398,493	378,236	358,831	376,429	404,146
Health Care Plans (HCPs)	290,593	328,796	376,551	507,957	604,213	764,694	1,348,361	1,768,096	2,110,038	2,158,642
Fee-For-Service (FFS)	4,377,669 /a/	4,853,284 /a/	5,204,359 /a/	5,390,717 /a/	4,633,165 /b/	4,215,519 /b/	3,420,253 /b/	2,830,939 /b/	2,533,923/b/	2,547,269/b/
Public Assistance	3,442,846	3,701,405	3,911,384	4,079,538	3,374,020	3,003,037	2,334,308	1,819,782	1,498,638	1,400,077
Medically Needy	403,378	480,429	560,808	576,531	543,081	499,471	442,442	400,977	436,328	661,256
Medically Indigent	178,157	209,366	236,765	253,875	249,073	228,084	181,671	131,686	104,918	77,325
IRCA Aliens	49,547	62,441	40,944	13,459	181	60	7	2	0	0
MI/MN Not Qualified Aliens	214,075	281,325	309,076	300,469	282,743	279,284	238,591	215,853	201,020	154,228
Refugee/Entrant	10,794	8,333	8,515	7,311	5,647	2,913	1,810	1,459	1,190	1,261
100 Percent Poverty	69	1,635	4,770	9,085	15,610	24,033	31,705	52,082	75,620	64,704
133 Percent Poverty	22,119	38,394	53,734	64,137	75,087	84,560	88,070	94,681	95,907	70,662
Income Disregard	52,445	65,802	73,581	76,051	83,318	88,802	90,706	95,025	103,471	100,925
60-Day Postpartum	2,224	1,986	2,036	1,790	1,760	1,870	1,730	1,572	1,315	1,154
Dialysis	58	51	35	29	25	25	35	34	41	41
Total Parenteral Nutrition	9	9	10	9	9	10	9	8	8	5
Qualified Medicare Beneficiary	1,948	2,107	2,602	1,587	2,233	2,769	3,838	4,737	5,502	5,983
Presumptive Eligibility for Pregnant Women	NA	NA	99	6,842	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	NA	NA	NA	5	377	602	550	564	536	505
Minor Consent	NA	NA	NA	NA	NA	NA	4,774	12,460	9,426	9,138

INA Information Not Available.

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

Note: IRCA = Immigration Reform and Control Act; OBRA Omnibus Budget Reconciliation Act.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year Reports; Prepaid Health Plan Status Code 1 Reports; and MEDSSUM File dated April 2001.

MEDI-CAL PAYMENTS - TABLE 29

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

During 2000, Medi-Cal program payments ran \$14.61 billion. This reflects an increase of \$1.1 billion or 8.4 percent from 1999 and an increase of \$6.6 billion or 81.7 percent from 1991.

Public Assistance, the largest group in terms of total FFS expenditures, received \$6.08 billion in services during 2000, a 6.6 percent increase from 1999.

The Medically Needy (FFS) group received \$3.83 billion in services during 2000, an increase of 16.7 percent from 1999. The increase is due to the expansion of 1931(b), which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increased the 1931(b) income limit to 100% of poverty.

Medically Indigents (FFS) received a total of \$221.6 million in services during 2000, compared to \$278,206 million or a 25.6 percent decrease from 1999.

The Aliens and Refugee/Entrants (FFS) received a total of \$389.9 million in services during 2000, a decrease of 20.2 percent from 1999.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs ran \$763,589 million during 2000, a 74.8 percent increase from the previous year.

The 60-Day Postpartum (FFS) program ran \$3.2 million during 2000, a 20.6 percent increase from 1999.

The Dialysis and Total Parenteral Nutrition (FFS) programs ran \$251 thousand during 2000, a 10.1 percent increase from 1999.

The Qualified Medicare Beneficiary (FFS) program ran \$7.9 million in 2000, compared to \$16.8 million in 1999, or a 53.1 percent decrease.

The Presumptive Eligibility for Pregnant Women (FFS) program ran \$101.7 million during 2000 and \$87.2 million in 1999, or a 16.7 percent increase.

The Medi-Cal Tuberculosis (FFS) program ran \$426 thousand during 2000, compared to \$351 thousand in 1999, or a 21.4 percent increase.

The Minor Consent (FFS) program ran \$49.4 million in 2000, compared to \$47.8 in prior year, or a 3.4 percent increase.

The increase in expenditures in 2000 from previous years is attributable to increased eligibles due to program expansion.

TABLE 29
MEDI-CAL PROGRAM
ESTIMATED TOTAL ANNUAL PAYMENTS BY PROGRAM
CALENDAR YEARS 1991-2000
(In thousands)
(COHS, HCPs, AND FFS)

PROGRAM	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
TOTAL	\$8,041,267	\$9,465,554	\$10,368,797	\$10,825,560	\$11,133,016	\$11,897,872	\$12,043,071	\$12,494,530	\$13,481,729	\$14,609,804
County Organized Health Systems (COHS)	\$104,819	\$118,393	\$135,052	\$218,148	\$303,616	\$667,482	\$672,072	\$775,616	\$899,162	\$1,020,869
Health Care Plans (HCPs)	\$316,880	\$367,576	\$444,010	\$599,794	\$705,719	\$865,952	\$1,371,379	\$1,689,188	\$2,200,332	\$2,385,895
Fee-For-Service (FFS)	\$8,041,267/a/	\$9,465,554/a/	\$10,368,797/a/	\$10,825,560/a/	\$10,123,681/b/	\$10,364,438/b/	\$9,999,620/b/	\$10,029,725 /b/	\$10,382,235/b/	\$11,203,041/b/
Public Assistance	4,603,347	5,370,713	5,946,198	6,327,335	5,626,657	5,836,519	5,606,520	5,560,078	5,700,102	6,075,117
Medically Needy	2,317,443	2,708,682	2,990,903	3,144,336	3,075,507	3,113,555	3,079,234	3,105,472	3,283,563	3,833,026
Medically Indigent	258,141	298,723	330,357	364,537	371,857	362,780	324,040	293,894	278,206	221,587
IRCA Aliens	120,620	152,720	105,299	30,138	6,130	816	294	147	124	0
MI/MN Not Qualified Aliens	546,228	699,691	720,469	647,513	629,846	629,894	548,281	495,788	482,900	385,300
Refugee/Entrant	16,477	19,092	24,829	24,654	23,214	12,302	9,002	6,511	5,331	4,615
100 Percent Poverty	/c/	358	1,678	3,352	5,499	8,960	12,904	24,317	42,790	41,504
133 Percent Poverty	9,257	17,914	26,325	33,229	39,105	45,586	47,245	51,817	56,833	48,651
Income Disregard	161,353	189,257	212,998	215,036	235,690	270,511	258,912	282,818	337,165	673,434
60-Day Postpartum	1,668	1,735	2,093	1,704	1,900	1,585	1,836	2,773	2,665	3,214
Dialysis	363	342	269	364	1,019	157	296	168	211	247
Total Parenteral Nutrition	201	280	281	181	329	160	128	24	17	4
Qualified Medicare Beneficiary	300	504	899	1,407	1,398	1,630	3,056	41,944	16,823	7,898
Presumptive Eligibility for Pregnant Women	NA	NA	3	10,985	25,782	45,797	59,186	73,344	87,157	101,676
Medi-Cal Tuberculosis Program	NA	NA	NA	/c/	74	179	243	387	351	426
Minor Consent	NA	NA	NA	NA	NA	NA	7,139	42,232	47,753	49,367
Not Reported	5,868	5,542	6,196	20,788	79,673	34,008	41,302	48,003	40,234	51,466

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

/c/ Less than 0.500.

Note: IRCA = Immigration Reform and Control Act; OBRA Omnibus Budget Reconciliation Act.

Payments are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year Reports; Prepaid Health Plan Status Code 1 Reports; Rate Sheet for Managed Care Plans; and MEDSSUM File dated April 2000.

APPENDICES

Appendix A **Definitions of Terms**

Appendix B **Aid Codes Master Chart**

Appendix C **Selected Medical Care Statistics Reports**
 Selected Medical Care Statistics Reports Available on Diskette
 Publication Order Form

APPENDIX A

DEFINITIONS OF TERMS

DEFINITIONS OF TERMS

The following defines commonly used terms used in discussions of Medi-Cal. The definitions are essentially correct, but some are much more complex than indicated below.

Beneficiary:	Used to indicate a person who receives service (user or recipient) or a person eligible for service.
Capitate:	Refers to the payment of a set amount of money per month per person Capitation to an agency. The agency then provides medical care for all persons paid for. Essentially an insurance premium arrangement.
CID:	The Centralized Identification system was a computer system which mailed out Medi-Cal ID cards each month to eligibles. Some reports on eligibility still use this term.
COHS:	County Organized Health Systems. Under this approach, the county acts as the primary contractor serving most Medi-Cal beneficiaries in the county. The COHS receive a capitated rate for each beneficiary in the county, and assume full financial risk.
Costs:	Medi-Cal Program payments or expenditures, usually to providers for services rendered. But may include all program expenditures.
Crossover:	Refers to a claim that has been processed and paid in part by Medi-(X-over)care and then processed by Medi-Cal for those with dual eligibility. Also referred to as Medi-Medi Claim.
Encounter:	Service/Supply rendered to a Medi-Cal beneficiary. Also referred to as a Shadow Claim if the Service/Supply is rendered under Managed Care.
Eligibles:	Persons who have been processed through the system and determined to meet the criteria for receiving medical assistance under the Medi-Cal Program.
Enrollees:	Eligibles who have joined Managed Care Plans.
Expenditures:	See Costs.
Family P.A.C.T.	Family P.A.C.T. (Planning, Access, Care and Treatment) (formerly known as SOFP - State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage. Funded with Federal Financial Participation (FFP) through a Title XIX waiver.

DEFINITIONS OF TERMS, Continued

Federal Financial	The amount of money the Federal Government pays in the operation Participation: of the Medicaid Program. FFP varies from 50 percent to 90 percent (FFP)depending on type of service and meeting of stipulated criteria.
Fee-For-Service:	Used to distinguish regular Medi-Cal Program from the Managed Care (FFS) Program: "Fee-For-Service eligibles" are persons not enrolled in Managed Care Plans.
GMC:	Geographic Managed Care. Under this approach, the Medi-Cal Program negotiates contracts directly with providers to accept beneficiaries within a specified area, again paying a monthly rate based on the estimated cost of providing services to similar beneficiaries under the fee-for-service system. The Department implemented this approach in Sacramento County in April 1994.
HCPs:	Health Care Plans. Medi-Cal contracts with private entities to provide care to specific beneficiary categories that include the managed care models COHS, GMC, PHP, PCCM, and Two-Plan Model.
HMO:	Health Maintenance Organization. (See HCPs.)
Linked:	Individuals who meet the federal definition of aged (65 years of age or older), blind, or disabled, or families with children where the children are deprived of parental support or care due to the absence, death, incapacity, or unemployment of a parent.
Medi-Cal:	California's name for Medicaid, includes the federal and state program of medical assistance for needy and low-income persons. (Federal designation of the Medical Assistance Program authorized under Title XIX of the Social Security Act.)
Medi-Cal Card:	An identification card given to Medi-Cal eligibles.
Medically Indigent:	Individuals who are eligible for Medi-Cal but are not in any other category, such as not in the Public Assistance or Medically Needy category, because they are not linked. For example, a child who lives in a two parent family with moderate income, but limited property who is not deprived is Medically Indigent.
Medically Needy:	Individuals and families eligible for Medi-Cal because they are linked, but who are not in the Public Assistance category. This category also includes linked individuals in specialized programs such as those who are in long term care, Section 1931(b), but who are not receiving CalWORKs concurrently, or who are receiving Transitional Medi-Cal. For example, a person who is over age 65 but has too much income to qualify for SSI/SSP is Medically Needy.

DEFINITIONS OF TERMS, Continued

Medicare:	The Federal Social Security Program (Title XVIII of the Social Security Act) provides medical care to aged and certain disabled persons. This is essentially a medical insurance program, as opposed to Medicaid which is a public assistance program for the needy.
MEDS:	Medi-Cal Eligibility Data System. A major Electronic Data Processing (EDP) system providing online access to over 17 million records of current or former Welfare, Medi-Cal, or County Medical Services Program (CMSP) clients to support administration of those programs and delivery of benefits.
MEDSSUM File:	An eligibility summary file that summarizes the number of eligibles by aid code and county on a monthly basis for each month of eligibility.
Minor Consent:	Covers minors under 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, pregnancy, family planning and outpatient mental health treatment.
Paid Claims:	A claim for medical services paid in behalf of a Medi-Cal eligible. Claims data are captured on computer tape and comprise the major data base of the Program. Usually "paid claims" refers to this data base rather than the actual document.
PCCM:	Primary Care Case Management. PCCM plans are paid a monthly capitation rate to manage selected outpatient services to Medi-Cal beneficiaries enrolled in the plan.
Percent Programs: Pregnant Women Infants and Children	These programs provide zero share of cost Medi-Cal to (1) pregnant women and infants up to age 1 with family income at or under 200 percent of the federal poverty level (FPL) generally referred to as the Income Disregard program; (2) children ages 1 up to age six with family income at or under 133 percent of the FPL (the 133 Percent program); and (3) children ages 6 up to nineteen with family income at or under 100 percent of the FPL (the 100 Percent program).
PHPs:	Prepaid Health Plans. Now referred to as (HCPs) Health Care Plans.
Provider:	Any individual, group, business, or facility authorized to bill the Medi-Cal Program for services rendered to Medi-Cal eligibles. Includes the full scope of practitioners and facilities, such as physicians, hospitals, chiropractors, pharmacies, nursing facilities, intermediate care facilities, home health agencies, etc.

DEFINITIONS OF TERMS, Continued

Public Assistance:	Refers to those individuals eligible for cash assistance under various programs such as the Supplemental Security Income/State Supplementary Program (SSI/SSP), the California Work Opportunities and Responsibility to Kids program (CalWORKs), the In-Home Supportive Services program or the Aid to Families with Dependent Children Foster Care program. This category also includes some individuals whose Medi-Cal eligibility is derived from these programs such as former SSI/SSP recipients who for varying reasons continue to be eligible for Medi-Cal with no share of cost, such as those who are eligible under the Pickle program.
Recipient:	A user of a specified type of service.
SDX:	State Data exchange: The computer tapes received from Social Security Administration which contain names and addresses of persons eligible for Medicare and Medi-Cal concurrently.
Services:	What providers provide Medi-Cal patients and are paid for by the Medi-Cal Program. Services have to be defined within the context in which they're reported. For example, the units of service for inpatient hospital services are patient days, the unit in prescription drugs is prescriptions, the unit in outpatient visits is visits, etc.
SSI/SSP:	Supplemental Security Income/State Supplementary Payment. If you get a SSI/SSP grant, Medi-Cal eligibility is automatically set up by your Social Security district office.
Two-Plan Model:	<p>Two-Plan Contractors now provide or are preparing to provide medical services to nearly all Medi-Cal recipients in 12 counties (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare).</p> <p>The Department will contract with only two managed care plans. One plan will be a locally developed, comprehensive managed care system referred to as the Local Initiative. The other plan will be a non-governmentally operated Health Management Organization referred to as the Commercial Plan.</p>
Vendor:	See Provider.

APPENDIX B

AID CODES MASTER CHART



Aid Codes Master Chart

The following aid codes identify the types of services for which different Medi-Cal/CMSP/CCS/GHPP recipients are eligible.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance (FF). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	Asset Waiver Program. Infant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is between 185 percent and 200 percent of the Federal poverty level (State-only program).
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.
1H	Full	No	Federal Poverty Level – Aged (FPL-Aged) Provides full scope (no Share of Cost) Medi-Cal to qualified aged individuals/couples.
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status.
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.
13	Full	Y/N	Aid to the Aged – LTC (FFP). Covers persons 65 years of age or older who are medically needy and in LTC status.
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.

Code	Benefits	SOC	Program/Description
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.
2A	Full	No	Abandoned Baby Program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)
3A	Full	No	California Alternative Assistance Program – Aid to Families with Dependent Children, Family Group (CAAP-AFDC [FG]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.
3C	Full	No	California Alternative Assistance Program – Aid to Families with Dependent Children, Unemployed Parent Group (CAAP-AFDC [U]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.
3E	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.

Code	Benefits	SOC	Program/Description
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	Aid to Families with Dependent Children (AFDC) – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3U	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3V	Restricted to pregnancy and emergency services	No	Section 1931(b) (FFP). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996.

Code	Benefits	SOC	Program/Description
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to AFDC cash grant discontinuance due to increased earnings, increased hours of employment or loss of the \$30 and 1/3 disregard.
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.

Code	Benefits	SOC	Program/Description
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1 year old and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
49	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnancy – Amnesty Alien. Provides family planning, pregnancy-related and postpartum services to any age female with income at or below 200 percent of the federal poverty level.
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

Code	Benefits	SOC	Program/Description
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 5T recipients 19 years of age or older.
50	Restricted to CMSP emergency services only	Y/N	CMSP. MI – Restricted. Covers persons who have undetermined immigration status.
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements of medically indigent, with or without SOC.
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).

Code	Benefits	SOC	Program/Description
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no Share of Cost) Medi-Cal to qualified disabled individuals/couples.
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full	No	No longer Disabled Children (FFP). Covers former SSI disabled children under age 18 who lost SSI cash benefits due to cessation of disability and who are appealing their cessation of SSI disability.
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.

Code	Benefits	SOC	Program/Description
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no Share of Cost) to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.

Code	Benefits	SOC	Program/Description
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
7X	Full	No	One-Month Healthy Families (HF) Bridge (FFP). Provides one additional calendar month of health care benefits with no Share of Cost, through the same health care delivery system, to Medi-Cal-eligible children meeting the criteria of the HF Bridging Program.
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Child – United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related, and postpartum services for amnesty aliens under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).

Code	Benefits	SOC	Program/Description
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8F	CMSP services only (companion aid code)	Y/N	CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53 and 57 to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full-scope CMSP coverage for those services not covered by Medi-Cal.
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family PACT (SOFP services only) No Medi-Cal	N/A	Family PACT (also known as SOFP – State-Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.

Code	Benefits	SOC	Program/Description
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.
85	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
9A	BCEDP only	No	The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic and case management services. Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the federal poverty level. HF covers medical, dental and vision services to enrolled children.

Code	Benefits	SOC	Program/Description
9J	GHPP	No	GHPP-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).
9M	CCS Medical Therapy Program only	No	Eligible for CCS Medical Therapy Program services only.
9N	CCS Case Management	No	Medi-Cal recipient with CCS-eligible medical condition. Eligible for CCS case management of Medi-Cal benefits.
9R	CCS	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

APPENDIX C

SELECTED MEDICAL CARE STATISTICS REPORTS,
SELECTED MEDICAL CARE STATISTICS REPORTS AVAILABLE
ON DISKETTE, AND PUBLICATION ORDER FORM

SELECTED MEDICAL CARE STATISTICS REPORTS

	<u>Cost</u>
Catalog of Medical Care Statistics Section Publications	Free
Advance Report - County Data, California's Medical Assistance Program, Medi-Cal Program, Calendar Year 2000.....	\$10.00
California's Medical Assistance Program Annual Statistical Report, Medi-Cal Program, Calendar Year 2000.....	\$20.00
Managed Care Annual Statistical Report for 2000	\$15.00
Medi-Cal County Program Monthly Averages, Fiscal Year	\$4.00
Medi-Cal Expenditures For Drugs Commonly Used in the Treatment of AIDS January-March 1998	\$4.00
Medi-Cal Expenditures on Behalf of HIV-Infected Beneficiaries, July 1994-December 1996.....	\$5.00
Medi-Cal Funded Deliveries, Calendar Year	\$6.00
Medi-Cal Funded Induced Abortions, Calendar Year	\$6.00
Medi-Cal Program Highlights, Calendar Year	\$5.00
Medi-Cal Short Paid Claims Documentation, June 1998	\$5.00
Persons Certified Eligible for Medi-Cal, Monthly	\$4.00
Semi-Annual AIDS Related Expenditures Report.....	\$4.00

The data presented in these reports make up only a portion of the Medi-Cal information available. Special tabulations and electronic data files can be provided for a cost, upon request.

Copies of all Medical Care Statistics Section Reports are available in State Depository Libraries, which include large university, college, county, and city libraries.

SELECTED MEDICAL CARE STATISTICS REPORTS AVAILABLE ON DISKETTE/CD-ROM

	<u>Cost</u>
Advanced Report - County Data, California's Medical Assistance Program, Calendar Year 2000, Medi-Cal Program.....	\$10.00
California's Medical Assistance Program Annual Statistical Report, Medi-Cal Program, Calendar Years 1994 - 2000.....	\$20.00
Counts of Medi-Cal Eligibles by County, and Month CY 93-98	\$10.00
Cumulative Certified CID Monthly Eligibles Report	\$15.00
Managed Care Annual Statistical Report for 2000	\$15.00
Medi-Cal Eligibility Profiles by County	\$15.00
Medi-Cal Eligibles By County, Plan Number, Zip Code and Mandatory Aid Category	\$10.00
Medi-Cal Eligibles by County/Zip Code Listing	\$10.00
Medi-Cal Eligibles File Extract (CD-ROM)	\$100.00
Medi-Cal Fee-For-Service Month of Payment Report (CD-ROM)	\$100.00
Medi-Cal Funded Deliveries, 1994 - 1999	\$10.00
Medi-Cal Funded Induced Abortions, 1994 - 1999	\$10.00
Medi-Cal Providers File Extract (CD-ROM)	\$100.00
Month of Payment Summaries by County/Statewide	\$20.00

Please Note: Tables are in Excel 4.0 format. Text is in Word format.

The data presented make up only a portion of the Medi-Cal information available on diskette. Special tabulations and electronic data files can be provided for a cost, upon request.

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